

Alaska's Early Intervention / Infant Learning Program

2014 FAMILY OUTCOMES SURVEY

**Families of Children Enrolled
Between January 1 and December 31, 2013**

A Report for the
Early Intervention/Infant Learning Program
Office of Children's Services
Department of Health & Social Services
State of Alaska

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Note: There is a supplement to this report: *Results for CAPTA Families*, examining responses to survey items by a subpopulation of children referred to an ILP through child protection.

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Alaska's Early Intervention / Infant Learning Program

2013 FAMILY OUTCOMES SURVEY

Executive Summary

Alaska's Early Intervention /Infant Learning Program (EI/ILP) oversees an array of flexible early intervention services for children birth to three years of age who have or are at risk for disabilities or developmental delays. During the 2013 calendar year, services were delivered in communities across the state through 16 EI/ILP grantees.

The U.S. Department of Education Office of Special Education Programs (OSEP) requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act. The 2014 Family Outcomes Survey asked about family experiences based on five OSEP family outcome areas and general level of satisfaction with EI/ILP services:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

Nineteen survey items used in 2014 to measure family outcomes were essentially the same as corresponding items starting with the 2009 survey. Beginning in 2012, the EI/ILP wanted to have more detailed information from families about access to quality childcare in their communities. To that end, five childcare items were added to the protocol covering how much ILP providers worked with childcare providers, the availability of childcare for children with special needs, the importance of childcare in the community, access to childcare providers who could follow an IFSP, and reasons people did not have regular childcare. This brought the total number of items on the survey to 24.

Families rated experiences with their children and their ILP on statements by choosing how often each statement was true for their family: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the EI/ILP by a group of Alaska Native providers who had consulted as a group about making survey instruments more culturally appropriate for Alaska's indigenous cultures.

Families enrolled during the 2013 calendar year with children eligible for Part C and enrolled for at least 6 months comprised the eligible population for the 2014 Family Outcomes Survey ($N = 720$ families with 753 children). The survey utilized a randomly selected 20% target group of families, stratified geographically by ILP grantee service area and by race of children. It was comprised of 146 families with 163 children. Survey packets were mailed to the target group of families, inviting them to complete the survey by mail, online, or over the phone. Follow-up was conducted with phone calls and mailed postcards.

There were 81 completed surveys rendering a 55% response rate. Characteristics of children in responding families were fairly similar to those in the randomly selected target group and in the total eligible population. This included age, race/ethnicity, enrollment status, how children qualified for services, reasons they exited services, and exit placements.

It can be concluded from the results of the 2014 Family Outcomes Survey that the vast majority of families (approximately 94%) were satisfied all ($\cong 74\%$) or most ($\cong 19\%$) of the time with the ILP services they received during the 2013 calendar year. The overall survey mean on outcome items was 3.40 on a 1 to 4 scale ($n = 75$ due to items with missing data). Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. Figure 1 illustrates the outcome level pattern of results in 2014, compared to results in 2013.

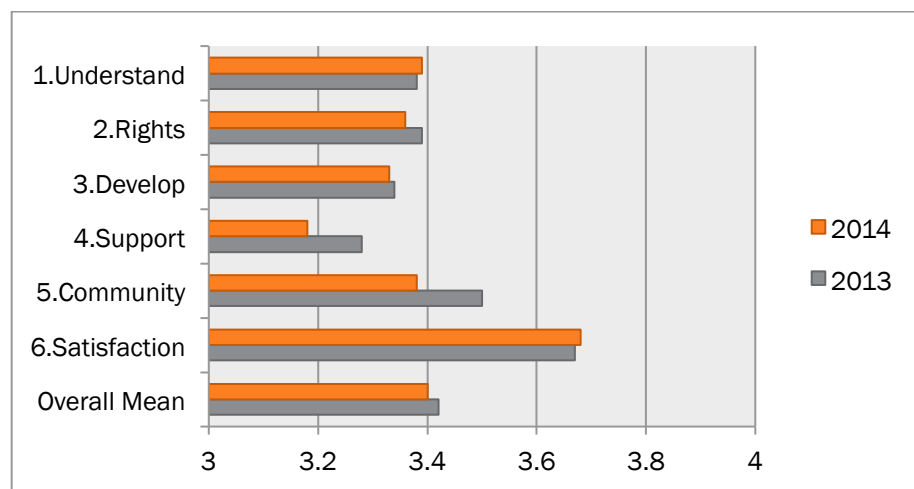


Figure 1: Relative strengths of outcome areas compared with previous year results

The strongest outcome area was Outcome 6 ($M = 3.68$, $n = 79$) regarding satisfaction with ILP services. This was the only outcome in 2014 that was higher than the overall survey mean. Outcome 1 (parental understanding of children, $M = 3.39$, $n = 80$) and Outcome 5 (community access, $M = 3.38$, $n = 81$) were the next strongest outcomes, just under the overall mean. Following closely was Outcome 2 (rights and advocacy, $M = 3.36$, $n = 80$). Outcome 3 (parental ability to help children develop and learn, $M = 3.33$, $n = 80$) was relatively weaker, and the weakest outcome was Outcome 4 (social support, $M = 3.18$, $n = 80$). There were no statistically significant differences at the outcome level based on the race of children or region of residence. The apparent differences between 2014 and 2013 in Outcomes 4 and 5 did not reach a level of statistical significance.

Outcome 1: Parental Understanding of Children

Outcome 1 showed moderate results ($M = 3.39$, $n = 80$) similar to the overall survey mean. This is a typical outcome-level pattern for Outcome 1. Results were very similar to the previous survey year. The greatest strength within Outcome 1 indicated higher caregiver confidence in ability to *perceive children's progress*, and this has been a fairly consistent

relative strength over time. The greatest weakness indicated lower caregiver confidence *understanding children's special needs*. The latter tends to be one of the weaker items on the survey. Caregivers have consistently indicated they need more help understanding their children's special needs.

Outcome 2: Rights and Advocacy

Outcome 2 also showed moderate results ($M = 3.36$, $n = 80$) approaching the overall survey mean. This was one of the strongest outcome areas in 2010 and 2011, but started losing strength in 2012. Within Outcome 2, the pattern of item responses was similar to the past several years. The greatest strength was in caregivers being *comfortable in meetings with professionals*, and this was the strongest item response on the 2014 survey. The weaknesses were in caregivers *knowing what to do if not satisfied* with services and in *being informed about available programs and services*. Response on the latter item has been declining since 2011, and was among the weakest item responses on the 2014 survey.

Outcome 3: Parental Ability to Help Children Develop and Learn

Outcome 3 showed relatively weaker results ($M = 3.33$, $n = 80$), below the overall survey mean. This is an outcome-level pattern consistent with previous survey years. The relative strengths within Outcome 3 were in caregivers' ability *helping children to develop and learn*, and in caregivers *working with professionals to develop a plan*. The greatest weakness was in caregivers *knowing how to help children behave*. The latter tends to be among the weakest item responses on the survey. Caregivers have consistently, across all surveyed years, indicated they needed more help in working with their children's behavior.

There was one statistically significant difference on an item response within Outcome 3 based on the race of children. Caregivers of Native children were much less likely than caregivers of White children to indicate they had *worked with professionals to develop a plan* to help their children learn new skills. There was no difference between rural and urban residents, indicating the difference by race was not likely attributable to fewer resources in rural areas.

Outcome 4: Social Support

Outcome 4 was the weakest outcome area ($M = 3.18$, $n = 80$), well below the overall survey mean. This is a consistent outcome-level pattern across all surveyed years. The strength within Outcome 4 was in caregivers having access to *people they could talk with* any time they wanted. The weaknesses were in the ability to do *activities families enjoyed*, and access to resources for *occasional childcare*. The latter tends to be among the weaker item responses on the survey, and it was the weakest item in the 2014 survey. Caregivers have consistently, across all surveyed years, indicated they needed more help building social resources for occasional childcare.

Outcome 5: Community Access

Outcome 5 showed moderate results ($M = 3.38$, $n = 81$), approaching the overall survey mean. Results within this outcome have been fairly consistent over time, though it was a stronger outcome in the two previous survey years relative to other outcomes. The greatest

strength within Outcome 5 was family access to *excellent medical care* and the relative weakness was access to *opportunities for children to participate in activities in the community*. The latter was among the weaker item responses on the 2014 survey. This item-level pattern within Outcome 5 has been consistent since the 2010 survey.

Outcome 6: Satisfaction with EI Services

Outcome 6 showed very strong results ($M = 3.68$, $n = 79$), well above the overall survey mean. There was a highly significant decrease in satisfaction in 2012, followed by a highly significant increase in 2013, which continued in 2014.

All regions had high satisfaction results and statistical tests for differences by region did not reveal any statistically significant differences. In a closer examination of regional satisfaction patterns, two regions had satisfaction outcomes worth noting. There was exceptionally high satisfaction in the Southeast Region, and there was greatly improved satisfaction in the Southcentral Region.

Childcare in Communities

On an item under Outcome 5 covering general access to childcare about 28% of families indicated they always had this resource, while another 23% indicated they had it most of the time or some of the time. The survey included five items asking for more detailed information about issues and community resources relevant to childcare. Additional information gleaned from respondents included:

- ♦ 47% did not want or need regular childcare at that time
- ♦ 6% wanted childcare, but had not looked for it yet
- ♦ 12% wanted childcare, but could not find any that worked for them

Almost half (39 or 48%) of respondents indicated knowledge about *childcare resources for children with special needs* in their communities. They were close to evenly split with 51% indicating it was more available and 49% indicating it was less available.

The response was slightly different when caregivers were asked if there was a *childcare provider who could follow their child's IFSP*. Of the 40 respondents who indicated knowledge of this resource, 58% indicated it was more available and 43% indicated less available.

A majority (54 or 67%) of respondents indicated knowledge about the *importance of childcare* in their communities. Of these respondents, 70% indicated childcare was more important, and 30% indicated it was less important.

Regarding ILP and childcare providers working together, over half of the 33 families who had childcare and felt this would be applicable to their circumstances said this never or only occasionally happened. An additional 12 families did not expect their ILP and childcare providers to ever interact for whatever reasons.

Comments

Over half of responding caregivers (44 or 54%) added comments to surveys. There are survey items relevant to childcare, so it was not surprising that six caregivers added a comment (3) or a portion of a comment (3) about childcare. Another three comments stated

circumstances without any information relevant to satisfaction with ILP services. Of the 38 comments that were relevant on this point, about 87% were either positive (30) or mostly positive (3), expressing gratitude and satisfaction. A handful of comments were negative (3) or mostly negative (2). Themes from the negative comments and the negative pieces of mixed positive/negative comments indicated a lack of quality in services families received (2) or a lack of access to services families needed or wanted (5).

Issues to Consider

It is highly praiseworthy to see family satisfaction maintained at a high level, and to see notable improvement in satisfaction in one region. However, it is also important to note there was little improvement within other outcome areas from the previous survey years. Moreover, some of the greatest weaknesses in family outcomes continue to be highly persistent. Below are the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2014 survey.

Strongest ($M \geq 3.50$):

- Comfortable in meetings with professionals

Relatively stronger:

- Access to resources for excellent medical care
- Ability to perceive the child's progress
- Informed of the right to choose EI services

Relatively average:

- Social resources in terms of people to talk with
- Works with professionals to develop plans
- Ability to help the child develop and learn
- Access to resources for excellent childcare
- Understands the child's development

Relatively weaker:

- Understands the child's special needs
- Ability to help the child to participate in the community

Weakest:

- Knows what to do if not satisfied with EI services
- Knows how to help the child behave
- Informed of available programs and services
- Ability to do the activities the family enjoys
- Social resources for occasional childcare

Regarding childcare issues, the availability of childcare in communities is beyond the scope of ILP responsibility. However, an area where ILP providers can make a difference in the quality of local childcare is in working with childcare providers to help them understand and address the special needs of young children they both serve. The evidence in this survey suggested that as a whole, fewer children and families received this benefit during the 2013 calendar year as compared to the previous two years.

Alaska's Early Intervention / Infant Learning Program

2014 FAMILY OUTCOMES SURVEY

Introduction

Alaska's Early Intervention /Infant Learning Program (EI/ILP) is one of the three core programs supporting children, youth, and families under the administration of the Office of Children's Services (OCS), along with Early Childhood Comprehensive Systems Planning and Child Protection and Permanency. OCS is under the Alaska Department of Health and Social Services (HSS). The Department states it is "committed to promoting access to a flexible array of quality services to all Alaskan infants and toddlers with special developmental needs and to their families. Services should be provided in a manner that respects families, communities and cultural differences and promotes genuine partnerships in all aspects of service design and delivery" (http://dhss.alaska.gov/ocs/Pages/infantlearning/program/program_mission.aspx).

The EI/ILP oversees an array of flexible early intervention services for children birth to three years of age who have or are at risk for disabilities or developmental delays. During the 2013 calendar year, services were delivered in communities across the state through 16 EI/ILP grantees. Grantees typically include school districts, mental health associations, Native organizations, parent associations, and other nonprofit organizations. ILP services include developmental screening and evaluation; individualized family service plans; home visits; physical, occupational, and speech therapies; and children's mental health services. ILP providers share assessment, development, and intervention information and strategies with families, deal with specialized equipment, and make appropriate referrals to meet child and family needs that are beyond the scope of Alaska's Infant Learning Programs.

EI/ILP funding comes from multiple sources including State general funds, federal Part C funds, Medicaid, and billing receipts from insurance and other third party payers. EI/ILP activity and progress are reported to the U.S. Department of Education Office of Special Education Programs (OSEP). OSEP requires State agencies to develop and implement outcome measures to evaluate infant and toddler programs operated under Part C of the Individuals with Disabilities Education Act (IDEA). Through a developmental process of working with experts and stakeholders, OSEP identified five family outcome areas. Guided by this framework, Alaska's annual EI/ILP Family Outcomes Survey gathers this type of information from the perspective of families in Alaska who received ILP services, along with their general level of satisfaction with services:

1. Families understand their children's strengths, abilities, and special needs.
2. Families know their rights and advocate effectively for their children.
3. Families help their children develop and learn.
4. Families have support systems.
5. Families access desired services, programs, and activities in their communities.
6. Families are satisfied with the services they receive.

Methodology

Historical Development

Through a series of stakeholder meetings, the protocol chosen by the EI/ILP to measure OSEP outcomes in 2006 was the Early Childhood Outcomes (ECO) Center's tool, the *ECO Family Outcomes Survey*. The ECO Center is funded by OSEP to provide leadership and assistance to state-level government agencies. In 2007, the EI/ILP chose to use the same instrument and employed a census approach (i.e., sending one survey per each child who received any ILP services in the targeted year). The evaluators of the 2007 survey found a number of potential problems with the quality of information gathered, and recommended greatly simplifying the 8-page instrument, but keeping the focus of each of the 18 items to match the ECO Center tool. Methodological recommendations included making the family the unit of measurement (rather than the child) and randomly selecting a segment of the population stratified by ILP service areas to receive the survey (rather than using a census approach) and concentrating efforts on getting a high response rate ($\geq 50\%$). Proposed changes were approved by OSEP and implemented in the 2008 survey.

For the 2009 survey, EI/ILP made several revisions to survey items. Some were the same focus, but worded more simply or succinctly. Noted problems with compound items were resolved and new items added, resulting in 21 items. EI/ILP kept this content the same for the 2010 survey.

In 2011, "n/a" (not applicable) was added to response options for one item regarding access to childcare to help distinguish between families who used or wanted childcare and those who did not, improving interpretation of results on this item. Methodology was also improved in 2011 to use a 20% target group rather than a static number, and to stratify the target group by race of children as well as by geography. These improvements were retained in subsequent years.

In 2012 two items that did not contribute meaningful information to results were eliminated, leaving 19 items addressing the six outcome areas. Beginning with the 2012 survey, the EI/ILP wanted to receive more information from families about access to quality childcare in the community. To that end, five items were added to the protocol bringing the total number of items to 24. Community childcare items covered how much ILP providers worked with childcare providers, availability of childcare for children with special needs, importance of childcare in the community, access to childcare providers who could follow an IFSP, and reasons people did not have regular childcare.

The same 24 items were retained for the 2013 and 2014 surveys, with some slight wording changes. The five community childcare items originally presented in an individual voice (I, my) were changed to a collective voice (we, our) to be consistent with the other items on the survey. An item stating, "Early Intervention has done an excellent job..." was similarly changed to "Our ILP provider has done an excellent job...." Two items were simplified from "We are sure we know how..." to "We know how...." These improvements did not significantly alter the meaning of items from a respondent perspective. Overall, other than the relatively

minor improvements to corresponding outcome items since 2009, a high degree of consistency lends a high level of confidence to comparisons of results across survey years.

Caregivers were asked to rate their experiences with the ILP that served them on the 19 outcome items by choosing how often each statement was true: none of the time, some of the time, most of the time, or all of the time. This 4-point Likert scale was recommended to the EI/ILP by a group of indigenous providers who had consulted about making survey instruments more culturally appropriate for Alaska's indigenous cultures.

The same scale was used on four of the community childcare items, along with "n/a" or "don't know" response options. The fifth community childcare item was only for families who did not have regular childcare, asking them to indicate a reason why from multiple-choice options. The 2014 instrument is included with this report in Appendix A.

Participants & Selection Procedures

Families eligible for the survey needed to have at least one child who was eligible for Part C, enrolled in the program during the 2013 calendar year, and enrolled for at least 6 months. Data about potentially eligible children and families was pulled from the EI/ILP statewide database. Nine families were removed for lack of sufficient information to send a survey packet by mail. Deliverable mail served as documentation for families (similar to informed consent), as well as providing an opportunity to respond by mail or online. That left 753 children in 720 families who met eligibility criteria for the survey.

A random 20% target group comprised of 146 families was selected from eligible families to receive the 2014 survey by mail. In order to stratify the target group by geography and by race of children, a series of random numbers were assigned to all families in the eligible population using that function in Excel. The data was sorted by the 16 ILP service areas and again by up to 6 race categories per area. Within each resulting area/race category, the 20% with the highest random numbers were selected for the target group.

When ILP providers entered data in the field, they were allowed to select multiple options for race and an option for ethnicity (Hispanic or Latino). Typically the largest proportion of children in EI/ILP services is identified as White and the second largest proportion is identified as Native, with relatively little representation on any other race or ethnicity.

Children with any Native heritage were defined as Native for stratification purposes. This matches the culture in Alaska where people with partial Native heritage are recognized as members of Tribes or other indigenous groups, along with social and legal implications. Thus about 43% of the children in the eligible population and 45% in the selected target group had Native heritage by this definition.

Small differences in demographic proportions between the eligible population and the target group can be an artifact of selection procedures that avoided systematically excluding families in low incidence race categories or with missing race data. Specific to the 2014 survey, there were 19 cases where Hispanic/Latino was indicated with no corresponding races. Rather than systematically excluding these families, they were treated as an additional stratification category within each of the six ILP service areas where this occurred.

In five ILP areas there were race/ethnic categories with only one or two families in each, failing to meet the minimum threshold to include a family of that race in the target group. These families were combined within each respective ILP service area and the family with the highest random number was selected into the target group.

Note: In 2013 and 2014 the EI/ILP wanted to hear as much as possible from families referred to an ILP through child protection services. In early intervention, this population is often referred to as “CAPTA families,” in reference to the *Child Abuse Prevention & Treatment Act* mandating child protection referrals to early intervention for screening. There were 27 CAPTA families with 33 children included in the survey’s final target group. Two CAPTA families were excluded from the eligible population because their only contact information was for service providers who cannot give out information about their clients. The total CAPTA subpopulation that received the initial mailing (including those in the target group) was comprised of 146 families with 162 children. Responses from families in the CAPTA subpopulation are summarized in a Supplement to this report.

Survey Procedures

A third-party evaluator, the University of Alaska Anchorage Center for Human Development (CHD), was contracted to implement the 2014 survey. Survey packets containing an invitational letter, the survey instrument, and a postage-paid return envelope were mailed to the target group families by March 7, 2014. In order to minimize undeliverable mail, the U.S. Post Office (USPS) provided a service to check addresses and make corrections if newer information was entered in the USPS system (e.g., forwarding addresses). If any packets were returned as undeliverable by April 4, the procedure was to replace each family using the next highest random number within the same area/race category. This procedure resulted in five replacement families in the target group. The final target group with the replacement families was comprised of 146 families with 163 children. The given deadline for responding was April 25. The last survey accepted was postmarked April 29, the same date the online survey was closed.

The introductory letter (in Appendix A) invited families to complete the survey by mail, online, or by using a toll-free phone number, and informed them evaluators would contact them in about two weeks if a survey had not been completed. When evaluators reached families by phone, they invited caregivers to complete the survey over the phone or online, and politely honored requests to opt out or to have the survey resent by mail.

Having a working phone number was not required for inclusion in the target group. When non-responding families could not be reached by phone, a postcard reminder was sent by mail. It included the toll-free phone number and the online address to access the survey. The postcard was also used as a reminder for families who were reached by phone and said they would complete it online or by mail, but did not do so as the deadline approached.

Potential participants were offered the incentive of being entered into a drawing to give away at least ten \$25 gift cards to a choice of three popular shopping venues. The number 10 is based on an approximate 50% response from a target group. Fifteen gift cards were actually distributed this year due to the increased size of the total number of respondents (target plus CAPTA). The evaluator used the random number assignment feature in Excel to

identify winners (15 highest random numbers) from among all those who responded (i.e., from both the target group and the CAPTA subpopulation).

Analyses

Analyses of data for this annual survey include descriptive statistics such as frequencies, distributions, and measures of central tendency. There are typically only enough children of Native and White heritage to test for differences in results by race, and Independent 2-tailed t-tests are used to test for these differences. A univariate analysis of variance (ANOVA) is used to examine patterns within outcome areas, and sometimes in item responses, based on regions of residence. Post hoc testing uses *Tukey* for pairwise comparisons when differences among variances are small, Levene's test is $\geq .05$, and equal variances are assumed; or *Dunnett C* when differences among variances are larger, Levene's test is $\leq .05$, and equal variances are not assumed. When an item response appears different from a previous year's response, they are compared using independent 2-tailed t-tests. In all analyses, equal variances are assumed unless indicated otherwise.

Comments added to surveys fall into general categories based on being positive, negative, or mixed positive/negative. Negative comments and negative portions of mixed comments are organized by themes. Because there are items asking about childcare, some respondents add comments or portions of comments specific to childcare. These are reported in a separate category because ILPs are not directly responsible for the general quality or availability of childcare resources in communities. A discussion of comments is at the end of the Results section. De-identified comments are listed in Appendix B.

Results

Response Rates

Eighty-one ($n = 81$) surveys were completed by families from the target group for an overall response rate of 55%. Below are details relevant to the response rate. "No contact" refers to potential instances when mail was returned as undeliverable after the cutoff date for replacing families (April 4) and before the survey was closed (April 29).

Target Population (with 5 replacement families)	146
Made contact (mail and/or phone)	146
Ineligible	0
Opted out or did not respond (O)	65
Eligible completed surveys (S)	81
No contact (N)	0
<hr/> Response Rate = $S / (S + O + N) = 0.5547945$ or 55%	

Thirty-five ($n = 35$) or about 43% of the 81 respondents completed surveys by mail or online. About 57% ($n = 46$) responded by phone. Table 1 shows the number and proportion of response rates sorted by EI/ILP regional service areas. The highest response rates by region in 2014 were in the Southcentral (74%) and Southeast (60%) regions. The lowest regional

response rates in the Anchorage (48%) and Northern (49%) Regions were still very close to the overall target response rate (i.e., at least 50%).

Table 1: Response sorted by EI/ILP regions

	EI/ILP Region	ILP Grantee (EI/ILP Code)	Sent	Rec'd	%
1	Northern	Alaska Center for Children & Adults (ACC) Northwest Arctic Borough School District (NWA) Norton Sound Health Corporation (NSH) Tanana Chiefs Conference (TCC)	37	18	49%
2	Anchorage	Programs for Infants & Children (PIC) FOCUS - Family Outreach Center for Understanding Special Needs (FOC)	52	25	48%
3	Southcentral	Bristol Bay Area Health Corporation (BBA) Kodiak Area Native Association (KAN) Mat-Su Services for Children & Adults (MSU) Yukon Kuskokwim Health Corporation (YKH)	27	20	74%
4	Southeast	Center for Community (CFC) Community Connections (CCK) Frontier Community Services (FCS) Homer Community Services (HCS) REACH, Inc. (REA) SeaView Community Services (SVC)	30	18	60%
TOTAL			146	81	55%

Note: Prior to 2010, regions were based on a different regional system.

Table 2 shows a further breakdown of response rates by ILP service areas. At 33%, the lowest response rate by ILP grantee was from the families served by Norton Sound Health Corporation (NSH), but with only 3 families from that area in the target group, a single response makes a big difference in the response rate. Similarly, the 44% response from 9 families served by Frontier Community Services (FCS), would have reached 55% with one more response. The most meaningful low response rate was 44% from the 39 target families served by Programs for Infants and Toddlers (PIC), but the numbers are still small. It would have required 3 more responses to reach the target rate of 50% or 5 more responses to reach the actual response rate of 55%.

Table 2: Response sorted by grantees

	ILP Grantee (EI/ILP Code)	Service Area	Sent	Rec'd	%
1	Alaska Center for Children & Adults (ACC)	Fairbanks, Copper River Basin, Valdez, North Slope	28	14	50%
2	Bristol Bay Area Health Corporation (BBA)	Dillingham	4	4	100%
3	Center for Community (CFC)	Sitka	3	2	67%
4	Community Connections (CCK)	Ketchikan, Craig, Prince of Wales Island	6	3	50%
5	FOCUS (FOC)	Eagle River, Chugiak, Elmendorf/Richardson, Cordova	13	8	62%
6	Frontier Community Services (FCS)	Soldotna	9	4	44%
7	Homer Community Services (HCS)	Homer	3	2	67%

	ILP Grantee (EI/ILP Code)	Service Area	Sent	Rec'd	%
8	Kodiak Area Native Association (KAN)	Kodiak	3	3	100%
9	Mat-Su Services for Children & Adults (MSU)	Wasilla	10	7	70%
10	Northwest Arctic Borough S.D. (NWA)	Kotzebue	2	1	50%
11	Norton Sound Health Corporation (NSH)	Nome	3	1	33%
12	Programs for Infants & Children (PIC)	Anchorage	39	17	44%
13	REACH, Inc. (REA)	Juneau, Haines, Petersburg	8	6	75%
14	SeaView Community Services (SVC)	Seward	1	1	100%
15	Tanana Chiefs Conference (TCC)	Interior Alaska	4	2	50%
16	Yukon Kuskokwim Health Corp. (YKH)	Bethel	10	6	60%
TOTAL			146	81	55%

Within regions and sometimes within agency service areas, both urban and rural populations were served. If responding families with mailing addresses in Anchorage, Eagle River, Fairbanks, and Juneau are defined as the more urban families, they represented 32.1% of all responding families, leaving 67.9% of responses from more rural families. This compares to 40.5% urban, 59.5% rural in the target group; and 43.6% urban, 56.4% rural in the eligible population. Thus it appears there was a somewhat lower response to the 2014 survey from urban families, likely impacted by the lower response in the city of Anchorage.

Thirty-five responses (43% of 81 responders) were received by mail or completed online. Phone calls to non-responders beginning March 24 were conducted during weekdays, evenings, and on weekends in attempts to reach people when they were home. However, having a working phone number was not a requirement for being included in the target group. There were 38 cases (26% of the target group) where families did not initially respond by mail or online and could not be reached by phone because of persistent problems with phone numbers. In 12 cases, calls went to automatic recordings saying the numbers were out of service. In another 15 cases calls either went to automatic recordings saying they were not working numbers, or calls would otherwise never connect (e.g., persistent busy signals). In 9 cases, the parties reached indicated they did not know the families (i.e., wrong numbers). In one case, a phone number was missing from the database, and in one case there was a remote message from the phone's owner indicating the phone had been stolen.

Fifteen (39%) nonworking phone numbers were for urban families, and 23 (61%) were for rural families. Half (19 or 50%) were for families of children with Native heritage. Following is a breakdown of the 38 nonworking phone numbers by region:

- Northern: 9 or 24% of target families in the region
- Anchorage: 15 or 29%
- Southcentral: 5 or 19%
- Southeast: 9 or 30%

Since this annual survey started tracking rates of nonworking phone numbers, the Southcentral Region typically has had one of the highest rates. This year that was not the case, and the Southcentral Region also had a very high regional response rate.

Demographics of Responding Families

Note: The State EI/ILP collects data on race/ethnicity of children, which may or may not be the same as race/ethnicity of caregivers. For example, some caregivers are foster parents. Therefore, the “race/ethnicity of families” cannot be entirely assumed from this data.

Among the 81 families who responded to the survey, there were 91 children who met the criteria for their families to be included in this sample. Children with Native heritage (as a single race or one of two or more races) accounted for 45 children (49.5%). White as a single race accounted for 38 children (41.8%). Together this represented most of the children in the responding sample of families: 83 children, or 91.3%.

Table 3 shows the data on race/ethnicity of children across the families who responded to the survey, those in the randomly selected target group, and the total population of children eligible for the survey. Note that more than one race could be indicated for one child, and Hispanic/Latino is an ethnicity across multiple races.

Table 3: Race/ethnicity of children in responding families compared to the randomly selected target group and the total eligible survey population

Race*/Ethnicity of Children	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
AK Native or Am. Indian	45	49.5	74	45.4	327	43.4
Asian	1	1.1	6	3.7	33	4.4
Black/African American	9	9.9	14	8.6	54	7.2
Pacific Islander	2	2.2	10	6.1	23	3.1
White/Caucasian	51	56.0	90	55.2	409	54.3
No race indicated	0		2		19	
Hispanic or Latino	3	3.3	8	4.9	48	6.4
Total Children	91		163		753	

*Single race or mixed race.

Children with Native heritage accounted for 49.5% of responding families compared to 45.4% of target and 43.4% of eligible families. Children with White as a single race accounted for 41.8% of responding families compared to 39.9% of target and 42.2% of eligible families. Differences between the target and eligible populations are likely an artifact of procedures to prevent systematically leaving out low incidence families in service areas or race categories. A difference in the responding sample seems to represent a slightly higher proportionate response from families with Native children, but the difference is small and not meaningful.

The typical age of children at the time of the 2014 survey was 27 months across the families who responded to the survey, those in the randomly selected target group, and those in the total eligible population. All families included in the 2014 survey had one or more children who were enrolled in an ILP and qualified for Part C services. Table 4 shows a comparison of the qualifying categories of children across the responders, target group, and eligible population. Across all three, the reason the largest proportion of children qualified

(53 to 59 percent) was a documented delay of over 50%. The predominance of eligibility on this criterion has been a consistent pattern in demographics across survey years.

Table 4: How children in responding families qualified for services compared to the target group and the total eligible survey population

Qualifying Category	Responders		Target Group		Eligible	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Part C Diagnosis	21	23.1	31	19.0	167	22.2
Delays > 50%	48	52.7	96	58.9	434	57.6
Clinical Opinion	21	23.1	35	21.5	151	20.1
Missing	1		1		1	
Total Children	91		163		753	

Within responding families, 56 (61.5%) children were still enrolled in the program at the time of the survey, and 35 (38.5%) had exited the program sometime during the year. This compares to the *target group* with 87 (53.4%) enrolled and 76 (46.6%) exited; and the total *eligible child population* with 404 (53.7%) enrolled and 349 (46.3%) exited. Thus there seemed to be a slightly higher response from enrolled families, which is a typical pattern.

Table 5 shows reasons families exited the program. Of the children among the responders, as well as those in the target group and in the eligible population who exited during calendar year 2013, the exit reason given for the largest proportion (39 to 57 percent) was “Part B eligible,” indicating they had aged out of Part C services, and were qualified to continue receiving services under Part B of IDEA. This represents another consistent pattern in demographics across survey years. The distribution of exit reasons was fairly similar across the responders, target group, and eligible population, with the exception of a somewhat higher proportion of “Part B eligible” children in responding families.

Table 5: Reasons families exited the program during the service year

Exit Reason	Responders	Target Group	Eligible
Part B eligible	20 (57%)	31 (41%)	137 (39%)
Completion of IFSP prior to age 3	8 (23%)	17 (22%)	52 (15%)
Attempts to contact unsuccessful	1	5	42 (12%)
Withdrawal by parent/guardian	0	4	34 (10%)
Moved out of state	1	6	25
Not Part B eligible, exit with no referrals	2	5	24
Part B eligibility not determined	1	5	21
Not Part B eligible, exit to other program	2	3	13
Deceased	0	0	1
Total Children Exited	35	76	349

Table 6 shows placements for children after exiting an ILP. In all three groups, the exit placement was most often either in the home (29 to 45 percent) or in preschool special

education (32 to 40 percent). Responders showed a relatively lower proportion of families with placements in the home and a somewhat higher proportion of placements in preschool special education and in Head Start.

The pattern in the population with a proportion of placements in the home outstripping the proportion of placements in preschool special education began with the 2012 survey year. Prior to 2012, placements in preschool special education tended to be notably higher than placements in the home. This change in pattern may be due in part by an increasing population of children referred to ILPs through child protection, as it appears there may be a lower proportion within this subpopulation of children qualified for Part B services when they exit Part C services (see results for the CAPTA subpopulation in a supplement to this report).

Table 6: Exit placements of children who left the program during the service year

Exit Placement	Respondents	Target Group	Eligible
Home	10 (29%)	34 (45%)	152 (44%)
Preschool Special Education	14 (40%)	24 (32%)	118 (34%)
Head Start	5 (14%)	6	26
Child Care/Preschool	2	6	18
Other Setting	1	3	17
Outpatient Therapy	0	0	1
Placement Not Indicated	3	3	17
Total Children Exited	35	76	349

Summary of Respondent Characteristics

Characteristics of children in responding families were fairly similar to those in both the target group (stratified random selection) and the total eligible population. There was a slightly higher response from families that were still enrolled. Factors of age, race/ethnicity, how children qualified for services, and reasons they exited services were more similar. The distributions of exit placements were somewhat different with fewer placements in the home among responders. The predominance of nonworking phone numbers continued to be for rural families, but it seemed to be an increasing factor for urban families.

Responses to Survey Items

Notes:

- The total number of responses can vary in the tables for each survey item because respondents could choose not to answer any item. Moreover, if a respondent circled multiple responses for an item on a paper survey, it had to be treated as missing data. As all percentages reported in tables are rounded to one decimal point, they do not necessarily add up to exactly 100%.
- When there is missing data on items, those cases are automatically excluded from aggregate statistical tests. When the number of cases included in an analysis is less than the total number of possible respondents, it is noted with the results.

The overall mean rating on outcome items was 3.40 ($n = 75$) on a 1 to 4 scale. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs. As a group, families were highly satisfied with the work of ILP providers. The overall survey means cannot be statistically compared over time due to periodic modifications of items within the protocol. However, the 2014 overall mean was similar to 2013 ($M = 3.42$, $n = 86$), and most survey years since 2009.

Statistical tests indicated no statistically significant differences by region for the six outcome areas. There were also no significant differences by race at the outcome level, but there was a significant difference by race on one survey item (see results under Item #10). The following examination of survey results is organized first by outcome area, followed by community childcare items, and an expanded look at satisfaction by region of the state.

Outcome 1: Understanding the Child

Items 1-3 on the survey asked respondents to indicate how often they understood their children's development, special needs, and progress. The mean response for Outcome 1 ($M = 3.39$, $n = 80$) was similar to the overall survey mean ($M = 3.40$, $n = 75$), and this result was very similar to the Outcome 1 result in the previous survey year.

The greatest strength was in caregivers' confidence in their ability to perceive children *making progress* ($M = 3.48$). The greatest weakness was in their confidence *understanding children's special needs* ($M = 3.28$). This item response pattern within Outcome 1 has remained highly consistent across surveyed years.

Item 1: Our child is growing and learning, and we understand our child's development very well.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.2	Mean: 3.40 Median: 3 Mode: 4 SD: .64827
2	Some of the time	4	4.9	
3	Most of the time	37	45.7	
4	All of the time	38	46.9	
Total Responses		80	98.8	
Missing		1	1.2	

The response on Item 1 indicated that a high 93% of responding families felt they understood their child's development very well, all (47%) or most (46%) of the time. The item mean was the same as the overall survey mean, and similar to the response on this item in previous survey years.

Item 2: We know most of what we need to know about our child's special needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.2	Mean: 3.28 Median: 3 Mode: 3 SD: .67518
2	Some of the time	7	8.6	
3	Most of the time	41	50.6	
4	All of the time	32	39.5	
Total Responses		81	100	

The response on Item 2 indicated that 90% of responding families felt they knew what they needed to know about their children's special needs most (51%) or all (40%) of the time. About 10% indicated they knew only some or none of the time. The item mean was well below the overall survey mean. Response on this item has been fairly consistent over time, tending to be the weakest item response within Outcome 1 and among the weaker outcome items on the survey.

Item 3: We can tell if our child is making progress.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.48 Median: 4 Mode: 4 SD: .69121
2	Some of the time	3	3.7	
3	Most of the time	30	37.0	
4	All of the time	46	56.8	
Total Responses		81	100	

A high 94% of respondents indicated on Item 3 that they could tell when their children were making progress, all (57%) or most (37%) of the time. The item mean was above the overall survey mean. The response on this item was similar in the previous survey year. Generally, this tends to be a relatively stronger item response within Outcome 1, and among the stronger outcome items on the survey.

Outcome 2: Rights and Advocacy

Items 4-7 asked respondents to indicate how much they knew about their rights and their capacity to advocate effectively on behalf of their children. The mean response for Outcome 2 ($M = 3.36$, $n = 80$) was below the overall survey mean ($M = 3.40$, $n = 75$). This was very similar to the Outcome 2 result in the previous survey year.

The greatest strength was in whether or not caregivers were *comfortable in meetings with professionals* ($M = 3.56$). The weaknesses were whether or not they felt they *knew what to do if not satisfied* with ILP services ($M = 3.21$, $n = 80$), and that they were *informed about programs and services* available to them ($M = 3.19$). This has been a typical item response pattern within Outcome 2 for several years.

Item 4: We are fully informed about the programs and services that are available for our child and family.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	1.2	Mean: 3.19 Median: 3 Mode: 4 SD: .82327
2	Some of the time	18	22.2	
3	Most of the time	27	33.3	
4	All of the time	35	43.2	
Total Responses		81	100	

About 77% of responding families indicated on Item 4 that they were informed about programs and services all of the time (43%) or most of the time (33%). There was a notable 23% indicating they were informed some or none of the time. Response on this item began to decline in 2012, and it moved significantly down in 2013. The response in 2014 was

similar to the response in 2013. Thus after earlier gains, response on this item has definitely declined. It has become the weakest item response within Outcome 2. It was well below the overall survey mean, and it was one of the weaker outcome items on the 2014 survey.

Item 5: We have been informed of our right to choose which Early Intervention services we receive.

Rating		Frequency	Percent	Central Tendency
1	None of the time	4	4.9	Mean: 3.48 Median: 4 Mode: 4 SD: .82327
2	Some of the time	5	6.2	
3	Most of the time	20	24.7	
4	All of the time	52	64.2	
Total Responses		81	100	

About 89% of respondents indicated on Item 5 that they were informed of their right to choose services all (64%) or most (25%) of the time. The item mean was above the overall survey mean. There was some improvement in response on this item beginning in 2013, and the 2014 response was similar. It was among the stronger outcome item responses in the 2014 survey.

Item 6: We are comfortable participating in meetings with professionals to plan services or activities for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.56 Median: 4 Mode: 4 SD: .63246
2	Some of the time	6	7.4	
3	Most of the time	24	29.6	
4	All of the time	51	63.0	
Total Responses		81	100	

On Item 6, a high 93% of respondents indicated they were comfortable participating in meetings all or most of the time, with 63% indicating all of the time. Beyond the satisfaction items, this was the strongest outcome item response on the survey, well above the overall survey mean. Response tended to improve on this item since 2010, but the 2014 response seemed lower than the 2013 response ($M = 3.72$). The difference did not reach a level of statistical significance: $t(152.628) = -1.822, p = .07, ns$, equal variances not assumed.

Item 7: We know what to do if we are not satisfied with any part of our child's program and services.

Rating		Frequency	Percent	Central Tendency
1	None of the time	3	3.7	Mean: 3.21 Median: 3 Mode: 4 SD: .85231
2	Some of the time	13	16.0	
3	Most of the time	28	34.6	
4	All of the time	36	44.4	
Total Responses		80	98.8	
Missing		1	1.2	

On Item 7, about 79% of families indicated they felt they knew what to do if they were not satisfied, all (44%) or most (35%) of the time. That left a notable 20% who knew what to do only some or none of the time. The item mean was below the overall survey mean. Response on this item tends to be weaker than most outcome items on the survey.

Outcome 3: Help Child Develop and Learn

Items 8-10 on the survey asked respondents to indicate how well they knew how to help their children develop, behave, and learn new skills. The mean response for Outcome 3 ($M = 3.33$, $n = 80$) was below the overall survey mean ($M = 3.40$, $n = 75$). This was very similar to the Outcome 3 result in the previous survey year.

Knowing how to *help children develop and learn*, and *working with professionals to develop a plan* were both just above the overall survey mean ($M = 3.41$). The weakness was in knowing how to *help children learn to behave* ($M = 3.19$, $n = 80$). The weak response on this latter item is a consistent pattern within Outcome 3 across survey years.

Item 8: We are sure we know how to help our child develop and learn.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.41 Median: 3 Mode: 3 SD: .56519
2	Some of the time	3	3.7	
3	Most of the time	42	51.9	
4	All of the time	36	44.4	
Total Responses		81	100	

A very high 96% of respondents indicated on Item 8 they were sure they knew how to help their children develop and learn, most (52%) or all (44%) of the time. The item mean was similar to the overall survey mean, and similar to the response on this item in the previous survey year. Overall, response on this item has been fairly consistent across time.

Item 9: We are sure we know how to help our child learn to behave.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.19 Median: 3 Mode: 3 SD: .61816
2	Some of the time	9	11.1	
3	Most of the time	47	58.0	
4	All of the time	24	29.6	
Total Responses		80	98.8	
Missing		1	1.2	

About 88% of respondents indicated on Item 9 that they were sure they knew how to help their children learn to behave, most (58%), or all (30%) of the time. About 11% indicated they were sure only some of the time. The item mean was far below the overall survey mean. It was the weakest item response within Outcome 3 and one of the weaker outcome items on the 2014 survey. Response on this item has been consistently low since 2008.

Item 10: Our family has worked with professionals to develop a plan to help our child learn new skills.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.41 Median: 4 Mode: 4 SD: .81820
2	Some of the time	11	13.6	
3	Most of the time	20	24.7	
4	All of the time	48	59.3	
Total Responses		81	100	

About 84% of responding families indicated on Item 10 that they worked with professionals to develop a plan all (59%) or most (25%) of the time. Well over half indicated they did this all of the time. The item mean was similar to the overall survey mean. Since 2009, this item has tended to be the strongest item within Outcome 3 and among the stronger outcome items on the survey. In 2014, the response was relatively moderate in strength compared with other outcome items.

Item 10 was the one item on the 2014 survey that had a significant difference in response based on the race of children. The mean response for families with Native children ($M = 3.13$, $n = 38$) was significantly lower than the mean response for families with White children ($M = 3.69$, $n = 36$): $t(62.097) = -3.135$, $p = .003$, equal variances not assumed. Thus in the 2014 survey, caregivers of Native children were much less likely to indicate they had worked with professionals to develop a plan to help their children learn new skills.

A follow-up test revealed no significant difference in response based on the rural ($M = 3.36$, $n = 55$) or urban ($M = 3.50$, $n = 26$) residence of the survey's respondents: $t(79) = -.698$, $p = .487$, *ns*. This suggests the difference in response by race is not likely attributable to fewer resources in rural areas.

Outcome 4: Support Systems

Items 12-14 on the survey asked respondents to indicate their level of resources for emotional support, assistance from others, and ability to do activities the families enjoyed. The mean response for Outcome 4 ($M = 3.18$, $n = 80$) was well below the overall survey mean ($M = 3.40$, $n = 75$), and it was the weakest of all outcome areas in the 2014 survey. A lower result for Outcome 4 has been a consistent pattern across survey years since 2009. The Outcome 4 result in 2014 seemed lower than the previous survey year ($M = 3.28$, $n = 86$), but the difference was not statistically significant: $t(164) = -.984$, $p = .327$, *ns*.

The relative strength within Outcome 4 was in families *having people to talk with* to deal with problems or celebrate ($M = 3.43$). The weaknesses were in the ability to *do things the family enjoys* ($M = 3.16$) and having resources for *occasional childcare* ($M = 2.95$, $n = 80$). The latter is consistently the weakest item response within Outcome 4 and among the weakest item responses on the survey across all surveyed years.

Item 12: There are people we can talk with any time we want to help us deal with problems or celebrate when good things happen.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.43 Median: 4 Mode: 4 SD: .80527
2	Some of the time	10	12.3	
3	Most of the time	20	24.7	
4	All of the time	49	60.5	
Total Responses		81	100	

About 85% of responding families indicated on Item 12 there were people they could talk with to deal with problems or celebrate good things, all (61%) or most (25%) of the time. The item mean was just above the overall survey mean. Response on this item has been fairly consistent since 2008.

Item 13: We have people we can call on for help when we need someone to watch our child for a short time.

Rating		Frequency	Percent	Central Tendency
1	None of the time	4	4.9	Mean: 2.95 Median: 3 Mode: 3 SD: .88447
2	Some of the time	21	25.9	
3	Most of the time	30	37.0	
4	All of the time	25	30.9	
Total Responses		80	98.2	
Missing		1	1.2	

On Item 13, a low 68% of families indicated they had people to watch their children for a short time all (31%) or most (37%) of the time. A notable 31% of families had this resource only some (26%) or none (5%) of the time. The item mean was far below the overall survey mean. The 2014 response appeared to be somewhat lower than the 2013 response ($M = 3.07$, $n = 86$), but the difference was not statistically significant: $t(164) = -.842$, $p = .401$, *ns*. Response on this item tends to be weaker than other outcome items, and it was the weakest outcome item in the 2014 survey.

Item 14: We are able to do the activities our family enjoys.

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.16 Median: 3 Mode: 3 SD: .73241
2	Some of the time	16	19.8	
3	Most of the time	36	44.4	
4	All of the time	29	35.8	
Total Responses		81	100	

About 80% of caregivers indicated on Item 14 that they were able to do activities their families enjoyed most (44%) or all (36%) of the time. A notable 20% could do this only some of the time. The item mean was well below the overall survey mean, and it was one of the weaker outcome items on the survey. Since 2009 this item has been relatively weak. The 2014 response seemed somewhat lower than the previous year ($M = 3.28$, $n = 86$), but the difference was not statistically significant: $t(165) = -1.036$, $p = .302$, *ns*.

Outcome 5: Community Access

Items 15-17 on the survey asked respondents to indicate their level of access to desired services, programs, and activities in the community. The mean response for Outcome 5 ($M = 3.38$) was just under the overall survey mean ($M = 3.40$, $n = 75$). This seemed to be a weaker result than the most recent previous survey years, but statistically comparing Outcome 5 results between two years is hampered by exclusion of responses on one item due to a high number of “n/a” responses. Using just the other two items, any significant difference between 2014 and 2013 was not detectable: $t(165) = -1.272$, $p = .205$, *ns*.

The greatest strength in this outcome area was access to *excellent medical care* ($M = 3.49$), a common pattern across survey years. A relative weakness was access to *participate fully in the community* ($M = 3.27$), which has been consistently weaker since the 2010 survey.

Item 15: We have excellent medical care for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.49 Median: 4 Mode: 4 SD: .72670
2	Some of the time	5	6.2	
3	Most of the time	25	30.9	
4	All of the time	49	60.5	
Total Responses		81	100	

About 61% percent of responding families on Item 15 indicated they always had excellent medical care for their children and 31% indicated they had it most of the time, for 91% combined. The item mean was above the overall survey mean. Response on this item tends to be the strongest within Outcome 5 and one of the stronger outcome items on the survey. It seemed to be weaker in 2014 than it was in 2013 ($M = 3.63$, $n = 86$), but the difference was not statistically significant: $t(165) = -1.273$, $p = .205$, *ns*.

Item 16: Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.27 Median: 3 Mode: 4 SD: .79076
2	Some of the time	11	13.6	
3	Most of the time	31	38.3	
4	All of the time	37	45.7	
Total Responses		81	100	

On Item 16, about 84% of respondents indicated their children had opportunities for community inclusion most (38%) or all (46%) of the time. About 16% indicated less access. The item mean was below the overall survey mean. Response on this item dropped in 2010 and remained weaker since that time. In both 2013 and 2014 it was the weakest item response within Outcome 5 and among the weaker outcome items on the survey. The 2014 result seemed to be lower than the previous survey year ($M = 3.39$, $n = 85$), but the difference was not statistically significant: $t(164) = -.925$, $p = .356$, *ns*.

Item 17: We have excellent childcare for our child.

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	2.3	Mean: 3.40 Median: 4 Mode: 4 SD: .76031
2	Some of the time	4	9.3	
3	Most of the time	15	34.9	
4	All of the time	23	53.5	
Total Responses		43	100	
Not Applicable: 38 (46.9% of all respondents)				

To help clarify response on Item 17, “n/a” (not applicable) was added as a response option starting in 2011. This helped to distinguish families that used or wanted childcare from those who chose not to have childcare. Prior to this improvement, “none of the time” responses could not be interpreted as a lack of access to quality childcare.

About 47% of families indicated this item was not applicable to their circumstances. Of the remaining 43 families, about 88% indicated they had excellent childcare, all (54%), or most (35%) of the time. About 12% indicated less access to quality childcare. The pattern of response on this item has been very consistent since 2011. In 2014 the mean response from this subset of families was the same as the overall survey mean.

Outcome 6: Satisfaction with EI Services

Note: More detail about the regional patterns of response on satisfaction items is covered in a later section of this report, *Expanded Look at Satisfaction with EI/ILP Services*.

Item 11 consisted of the statement, “Our ILP provider has done an excellent job...” followed by three sub-items asking respondents to indicate the quality and effectiveness of services they received in three topical areas: helping us know our rights, helping us effectively communicate our child’s needs, and helping us help our child develop and learn. The mean response for Outcome 6 ($M = 3.68$, $n = 79$) was well above the overall survey mean ($M = 3.40$, $n = 75$), which is a typical pattern for this outcome area.

As a whole, families indicated they were highly satisfied with the ILP services they received during the 2013 calendar year. Each item result within Outcome 6 was very strong.

Item 11.1: Our ILP provider has done an excellent job helping us know our rights.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.67 Median: 4 Mode: 4 SD: .68920
2	Some of the time	4	4.9	
3	Most of the time	13	16.0	
4	All of the time	62	76.5	
Total Responses		81	100	

A high 93% of responding families indicated the ILP had done an excellent job helping them know their rights all (77%) or most (16%) of the time. The item mean was far above the overall survey mean. Typically there is a high response on this item.

Item 11.2: Our ILP provider has done an excellent job helping us effectively communicate our child's needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.66 Median: 4 Mode: 4 SD: .65495
2	Some of the time	2	2.5	
3	Most of the time	17	21.0	
4	All of the time	59	72.8	
Total Responses		80	98.8	
Missing		1	1.2	

A high 94% of responding families indicated the ILP had done an excellent job helping them effectively communicate their children's needs all (73%) or most (21%) of the time. The item mean was far above the overall survey mean. Typically there is a high response on this item.

Item 11.3: Our ILP provider has done an excellent job helping us help our child develop and learn.

Rating		Frequency	Percent	Central Tendency
1	None of the time	2	2.5	Mean: 3.70 Median: 4 Mode: 4 SD: .62746
2	Some of the time	1	1.2	
3	Most of the time	16	19.8	
4	All of the time	60	74.1	
Total Responses		79	97.5	
Missing		2	2.5	

A high 94% of responding families indicated the ILP had done an excellent job helping them help their children develop and learn all (74%) or most (20%) of the time. The item mean was far above the overall survey mean. Typically there is a high response on this item.

Additional Items About Childcare

Beginning in 2012, the EI/ILP added five items about childcare to the survey protocol because they wanted to gather information from responding families about issues and community resources relevant to childcare.

Item 18: Our ILP provider works closely with our childcare provider.

Rating		Frequency	Percent	Central Tendency
1	None of the time	12	36.4	Mean: 2.30 Median: 2 Mode: 1 SD: 1.15879
2	Some of the time	5	15.2	
3	Most of the time	10	30.3	
4	All of the time	6	18.2	
Total Responses		33	100	
Not Applicable: 48 (59.3% of all survey respondents)				

Guiding childcare providers is a way that ILP providers can make a direct contribution to the quality of childcare for young children with special needs. Thirty-three of the 81 families (41%) indicated Item 18 was applicable to their circumstances. In previous years, about two-

thirds of respondents indicated interaction between their ILP and childcare providers most or all of the time. In 2014, the pattern shifted with over half (52%) of respondents indicating their ILP providers never (36%) or only sometimes (15%) worked together.*

It is also worth noting that 12 of the respondents indicating “not applicable” on Item 18 had indicated on Item 17 that they had some kind of regular childcare. That is, for whatever reasons, an additional 12 families did not expect their ILP and childcare providers to interact.

*As an interesting note, the evidence for families referred to an ILP through child protection suggested an opposite pattern for this subpopulation (see the supplement to this report).

Item 19: There is childcare where we live that is able to care for children with special needs.

Rating		Frequency	Percent	Central Tendency
1	None of the time	12	30.8	Mean: 2.59 Median: 3 Mode: 4 SD: 1.29204
2	Some of the time	7	17.9	
3	Most of the time	5	12.8	
4	All of the time	15	38.5	
Total Responses		39	100	
I don't know: 42 (51.9% of all survey respondents)				

Over half (52%) of survey respondents indicated on Item 19 that they did not know if there were childcare providers in their community who were able to care for children with special needs. Of the 39 who responded to Item 19, over half (51%) indicated this resource was available where they lived all (39%) or most (13%) of the time. That left almost half (49%) indicating this resource was never (31%) or only sometimes (18%) available. Respondents in 2014 were more evenly split on this item than those who responded in 2013. Another change is that in 2013 there were significant differences in Item 19 responses by race and by urban/rural residence. In 2014, there were no significant differences on these factors.

Item 20: Childcare seems to be important to our whole community.

Rating		Frequency	Percent	Central Tendency
1	None of the time	8	14.8	Mean: 3.00 Median: 3 Mode: 4 SD: 1.09888
2	Some of the time	8	14.8	
3	Most of the time	14	25.9	
4	All of the time	24	44.4	
Total Responses		54	100	
I don't know: 27 (33.3% of all survey respondents)				

About a third of respondents (27 or 33%) indicated on Item 20 that they did not know about the perception in their communities about the importance of childcare. Of the 54 who responded, about 70% indicated childcare was important all (44%) or most (26%) of the time. That left about 30% who indicated this was sometimes (15%) or never (15%) true. This result landed between the results in 2013 (lower) and 2012 (higher).

Item 21: There is a childcare provider we can use who can follow our child's IFSP.

Rating		Frequency	Percent	Central Tendency
1	None of the time	9	22.5	Mean: 2.75 Median: 3 Mode: 4 SD: 1.21423
2	Some of the time	8	20.0	
3	Most of the time	7	17.5	
4	All of the time	16	40.0	
Total Responses		40	100	
I don't know: 41 (50.6% of all respondents)				

Just over half of survey respondents (41 or 51%) indicated they did not know if there were childcare providers in their communities who could follow their children's IFSPs. Of the 40 who responded to Item 21, well over half (58%) indicated this resource was available where they lived all (40%) or most (18%) of the time. That left about 43% indicating this resource was never (23%) or only sometimes (20%) available. These results indicate that respondents in 2014 had more access to this resource than respondents in both 2012 and 2013, when roughly a quarter had this resource all or most of the time.

Item 22 on the survey was addressed only to those families that did not have regular childcare at the time of the survey, and 53 caregivers responded (65% of all respondents). They were asked to indicate which one of three statements was most true for their family. Of the 53 respondents on Item 22:

- ♦ 38 (71.7%) indicated they did not want regular childcare at that time.
- ♦ 5 (9.4%) indicated they wanted childcare, but had not looked for it yet.
- ♦ 10 (18.9%) indicated they wanted childcare, but could not find any that worked for them.

Figure 2 combines the response from families without regular childcare on Item 22 above with the response on Item 17 that indicated 23 families most likely had ongoing regular childcare at the time of the survey (responded "all of the time"). While any potential overlap in response should be minimal, it cannot be assumed it represents an exact distribution in the sample because the data comes from two separate and different survey items.

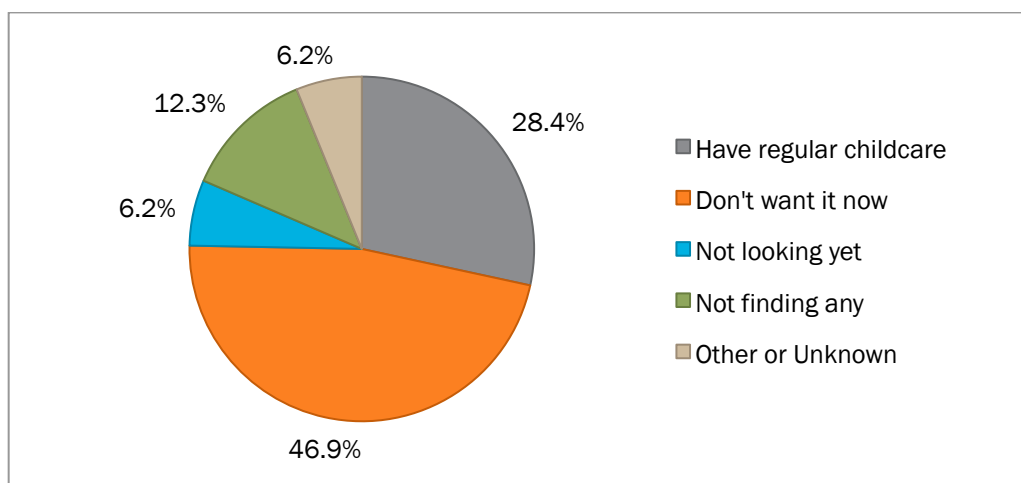


Figure 2: Status of regular childcare (estimates derived from Items 17 & 22)

It is not surprising that a large proportion of families without childcare simply did not want it. These are families with babies and toddlers, and it is not unusual for families with young children to opt for a stay-at-home caregiver if their circumstances allow for it. The proportion of stay-at-home caregivers in 2014 ($\cong 47\%$) was larger than the proportion in 2013 ($\cong 34\%$). Similarly, the proportion of families indicating they had ongoing regular childcare in 2014 ($\cong 28\%$) was smaller than the proportion in 2013 ($\cong 42\%$). The pattern of results in 2014 was highly similar to the pattern of results two years ago in the 2012 survey.

Expanded Look at Satisfaction with EI/ILP Services

The three items measuring satisfaction with EI services have remained exactly the same since the 2008 survey. Thus it is particularly valid to track these responses over time.

With an overall mean satisfaction response in 2014 of 3.68 ($n = 79$) on a scale of 1 to 4, it can be considered that the vast majority of families (approximately 94%) were satisfied most or all of the time. The level of satisfaction in 2014 was essentially the same as it was in 2013, rising to a high level after a downturn in 2012. The pattern of satisfaction results since 2008 is illustrated in Figure 3.

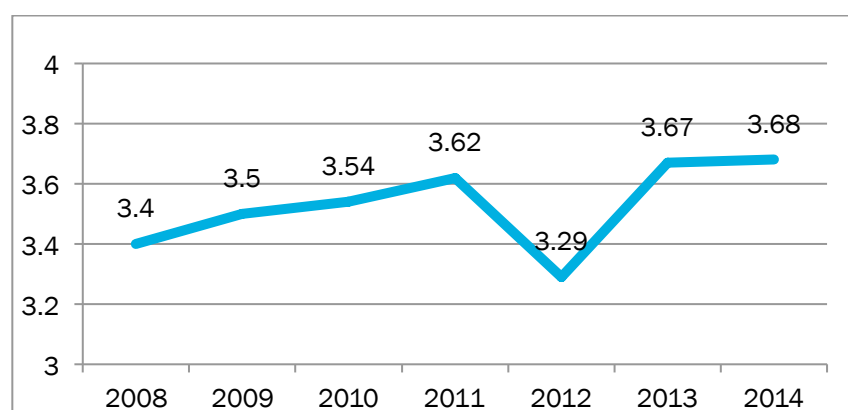


Figure 3: Overall satisfaction pattern from the 2008 through 2014 surveys

Overall Satisfaction by Region

Table 7 shows the mean responses on the combined satisfaction items in the 2014 survey for each EI/ILP region. The highest mean response was in Southeast, but there were no statistically meaningful differences in satisfaction based on region of residence. Satisfaction was high in every region on this measure in 2014.

Table 7: Overall satisfaction by EI/ILP region (combined results on 3 satisfaction items)

Region	<i>n</i>	<i>M</i>
Northern Region: ACC, NSH, NWA, TCC	17*	3.73
Anchorage Region: PIC, FOC	25	3.60
Southcentral Region: BBA, KAN, MSU, YKH	19*	3.61
Southeast Region: CFC, CCK, FCS, HCS, REA, SVC	18	3.83
Total	79*	3.68

*Note: Cases with missing data on individual items are excluded from aggregate analyses.

Regional and ILP Grantee Results on Satisfaction Items

Caveat: When the data is broken down by item and by region, each rating becomes a less reliable indicator on its own. When this data is further broken down by grantee, a “sample” could be a single family. Therefore, one should use some caution in making absolute judgments about ILP agencies or regions using these results, as well as how agencies or regions compare with each other. The reader is asked to keep this caveat in mind when looking at the following examination of satisfaction results.

Notes: The number of responses in the following tables varies by grantee agency and by region because the size of the service population varies proportionately. The target group was stratified by ILP service area to be more representative of the statewide service population based on geographic areas of residence.

Key words used to refer to each of the three satisfaction items in subsequent tables are in all caps (see the bolded key words in the items repeated below).

Our ILP provider has done an excellent job...

- helping us know our **RIGHTS**.
- helping us effectively communicate our child's **NEEDS**.
- helping us help our child develop and **LEARN**.

Regional mean ratings on each of the three satisfaction items are shown in Table 8. Most often, these regional means can be relatively lower or higher than others, but not dramatically different. This held true in 2014 results as any differences among regional means were not statistically meaningful, but it is still noteworthy that the Southeast Region had the highest mean item responses. The Southeast response for Rights ($M = 3.94$) was exceptionally high and was certainly one of the highest item mean responses ever achieved in this survey.

Table 8: Mean satisfaction responses by EI/ILP region (Scale 1-4)

	EI/ILP Region	ILP Grantees	RIGHTS	NEED	LEARN	<i>n</i>
1	Northern	ACC, NWA, NSH, TCC	3.67	3.71	3.65	17-18
2	Anchorage	PIC, FOC	3.56	3.56	3.68	25
3	Southcentral	BBA, KAN, MSU, YKH	3.55	3.70	3.63	19-20
4	Southeast	CFC, CCK, FCS, HCS, REA, SVC	3.94	3.72	3.83	18
	Overall Item Means		3.67	3.66	3.70	79-81

Note: All reported means are rounded up. An overall item mean is figured on the total number of responses, thus it may not equal an average of the other rounded means reported in the table.

Table 9 shows satisfaction item data broken down by grantees. Ratings below the overall survey ($M = 3.40$, $n = 75$) are highlighted as the relatively lower means, but the number of respondents in each service area is too small to statistically test the means for meaningful differences. Sometimes the means in Table 9 represent the responses of only one or two people. Without other corroborating evidence, it would be unwarranted to generalize the experience of one or two people to a population served by a grantee.

Table 9: Mean satisfaction responses by ILP grantee (Scale 1-4)

	ILP Grantee (EI/ILP Code)	Rights	Need	Learn	<i>n</i>
1	Alaska Center for Children & Adults (ACC)	3.93	3.93	3.86	14
2	Bristol Bay Area Health Corporation (BBA)	4.00	4.00	3.67	3-4
3	Center for Community (CFC)	4.00	4.00	4.00	2
4	Community Connections (CCK)	4.00	3.67	3.67	3
5	FOCUS (FOC)	3.50	3.50	3.50	8
6	Frontier Community Services (FCS)	4.00	3.75	4.00	4
7	Homer Community Services (HCS)	3.50	3.00	3.50	2
8	Kodiak Area Native Association (KAN)	3.67	3.67	4.00	3
9	Mat-Su Services for Children & Adults (MSU)	3.29	3.71	3.57	7
10	Northwest Arctic Borough S.D. (NWA)	4.00	3.00	3.00	1
11	Norton Sound Health Corporation (NSH)	1.00	---	---	0-1
12	Programs for Infants & Children (PIC)	3.59	3.59	3.76	17
13	REACH, Inc. (REA)	4.00	3.83	3.83	6
14	SeaView Community Services (SVC)	4.00	4.00	4.00	1
15	Tanana Chiefs Conference (TCC)	3.00	2.50	2.50	2
16	Yukon Kuskokwim Health Corp. (YKH)	3.50	3.50	3.50	6
	Overall Item Means	3.67	3.66	3.70	79-81

Note: All reported means are rounded to two decimal points. The overall mean is figured on the total number of responses, and does not necessarily equal an average of the rounded means in the table.

Regional Satisfaction Patterns

The following narrative takes a closer look at details of responses on the three satisfaction items within each region. It also looks more closely at regional proportions of respondents who indicated they were satisfied all or most of the time on each item. There is more confidence in regional level results if regional response rates were acceptable and the responding sample seems to be representative. These are both conditions that were satisfactorily met in the 2014 survey. Figure 4 illustrates relative responses on the three satisfaction items across the four EI/ILP regions.

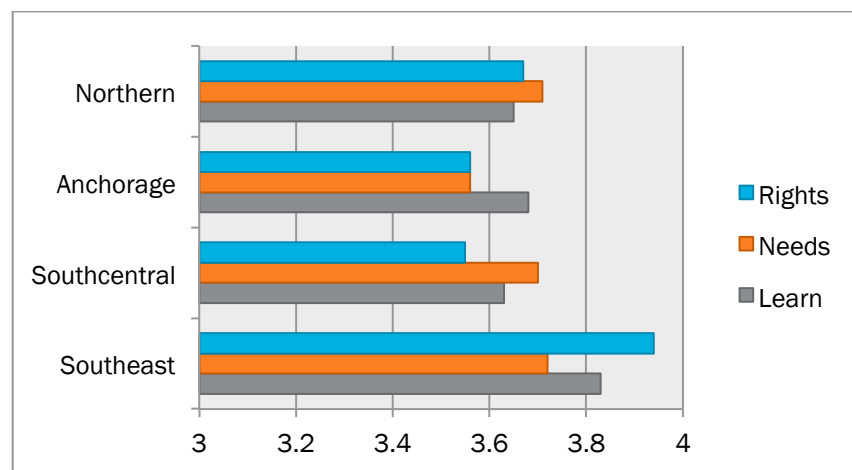
**Figure 4:** Mean satisfaction results in EI/ILP regions

Table 10 is a summary of the percentage of respondents in each region who indicated satisfaction on each item most or all of the time. It is noteworthy that the Southeast Region achieved 100% on this measure across all three items. It is also noteworthy that the Southcentral Region greatly improved on this measure from the previous year.

Table 10: Summary of satisfaction percentages by EI/ILP region

	EI/ILP Region	ILP Grantees	Rights%	Need%	Learn%	<i>n</i>
1	Northern	ACC, NWA, NSH, TCC	89	89	89	17-18
2	Anchorage	PIC, FOC	88	88	96	25
3	Southcentral	BBA, KAN, MSU, YKH	95	100	90	19-20
4	Southeast	CFC, CCK, FCS, HCS, REA, SVC	100	100	100	18
	Statewide		93	94	94	79-81

Note: Percentages in the following tables are rounded to one decimal point, and may not always add up to exactly 100%.

Northern Region

Forty-nine percent (49%) of contacted families in the Northern Region responded to the 2014 survey. Of the 18 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (89%), helping them to effectively communicate their children's **needs** (89%), and helping them to help their children develop and **learn** (89%). This was just under what is typical for the Northern Region on this measure, as it tends to have 90% or greater.

However, the Northern Region had a very high satisfaction mean ($M = 3.73$, $n = 17$), higher than the survey's overall satisfaction mean ($M = 3.68$, $n = 79$). The individual item means were also very high ranging from 3.65 to 3.71. Generally, satisfaction was very high in the Northern Region.

Northern Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.6	Mean: 3.67 Median: 4 Mode: 4 SD: .84017
2	Some of the time	1	5.6	
3	Most of the time	1	5.6	
4	All of the time	15	83.3	
Total Responses		18	100	

Northern Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.6	Mean: 3.71 Median: 4 Mode: 4 SD: .77174
2	Some of the time	—	—	
3	Most of the time	2	11.1	
4	All of the time	14	77.8	
Total Responses		17	94.4	
Missing		1	5.6	

Northern Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	5.6	Mean: 3.65 Median: 4 Mode: 4 SD: .78591
2	Some of the time	---	---	
3	Most of the time	3	16.7	
4	All of the time	13	72.2	
Total Responses		17	94.4	
Missing		1	5.6	

Anchorage Region

Forty-eight percent (48%) of contacted families in the Anchorage Region responded to the 2014 survey. Of the 25 respondents, most noted an ILP did an excellent job most or all of the time helping them to know their **rights** (88%), helping them to effectively communicate their children's **needs** (88%), and helping them to help their children develop and **learn** (96%). This was lower than results in 2013 when there was a rare 100% across the three items, but it was still somewhat better than what is typical for the Anchorage Region on this measure, as it tends to range from 80% to 90%.

The satisfaction mean for the Anchorage Region ($M = 3.60$) was under the overall satisfaction mean ($M = 3.68$, $n = 79$), but still high. Item means were also high ranging from 3.56 to 3.68. Generally, satisfaction was high in the Anchorage Region.

Anchorage Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.0	Mean: 3.56 Median: 4 Mode: 4 SD: .82057
2	Some of the time	2	8.0	
3	Most of the time	4	16.0	
4	All of the time	18	72.0	
Total Responses		25	100	

Anchorage Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.0	Mean: 3.56 Median: 4 Mode: 4 SD: .82057
2	Some of the time	2	8.0	
3	Most of the time	4	16.0	
4	All of the time	18	72.0	
Total Responses		25	100	

Anchorage Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	1	4.0	Mean: 3.68 Median: 4 Mode: 4 SD: .69041
2	Some of the time	---	---	
3	Most of the time	5	20.0	
4	All of the time	19	76.0	
Total Responses		25	100	

Southcentral Region

The Southcentral Region had the highest regional response rate at 74%. Of the 20 respondents, the vast majority noted an ILP did an excellent job, most or all of the time, helping them to know their **rights** (95%), helping them to effectively communicate their children's **needs** (100%), and helping them to help their children develop and **learn** (90%). This is higher than what has been most typical for the Southcentral Region on this measure, particularly higher than the two previous years.

The satisfaction mean for the Southcentral Region ($M = 3.61$, $n = 19$) was under the survey's overall satisfaction mean ($M = 3.68$, $n = 79$), but still high. Item means were also high, ranging from 3.55 to 3.70. Generally, satisfaction was high in the Southcentral Region, and this represents an improvement from previous survey years.

Southcentral Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.55 Median: 4 Mode: 4 SD: .60481
2	Some of the time	1	5.0	
3	Most of the time	7	35.0	
4	All of the time	12	60.0	
Total Responses		20	100	

Southcentral Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.70 Median: 4 Mode: 4 SD: .47016
2	Some of the time	---	---	
3	Most of the time	6	30.0	
4	All of the time	14	70.0	
Total Responses		20	100	

Southcentral Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.63 Median: 4 Mode: 4 SD: .59726
2	Some of the time	1	5.0	
3	Most of the time	5	25.0	
4	All of the time	13	65.0	
Total Responses		19	95.0	
Missing		1	5.0	

Southeast Region

The Southeast Region had the second highest regional response rate at 60%. Of the 18 respondents, all noted that an ILP did an excellent job most or all of the time helping them to know their **rights** (100%), helping them to effectively communicate their children's **needs** (100%), and helping them to help their children develop and **learn** (100%). The Southeast Region has consistently had very high results on this measure, but achieving 100% across all three items is a rare occurrence for any region.

The satisfaction mean for the Southeast region was very high ($M = 3.83$), well over the survey's overall satisfaction mean ($M = 3.68$, $n = 79$). Item means ranged from a very high 3.72 to an exceptionally high 3.94. Generally, satisfaction was remarkably high in the Southeast Region on every measure.

Southeast Region: RIGHTS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.94 Median: 4 Mode: 4 SD: .23570
2	Some of the time	---	---	
3	Most of the time	1	5.6	
4	All of the time	17	94.4	
Total Responses		18	100	

Southeast Region: NEEDS

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.72 Median: 4 Mode: 4 SD: .46089
2	Some of the time	---	---	
3	Most of the time	5	27.8	
4	All of the time	13	72.2	
Total Responses		18	100	

Southeast Region: LEARN

Rating		Frequency	Percent	Central Tendency
1	None of the time	---	---	Mean: 3.83 Median: 4 Mode: 4 SD: .38348
2	Some of the time	---	---	
3	Most of the time	3	16.7	
4	All of the time	15	83.3	
Total Responses		18	100	

Discussion of Comments Added to Surveys

The second page of the EI/ILP 2014 Family Outcomes Survey instrument invited caregivers to make comments. Forty-four caregivers, over half of respondents (44 or 54.3%) added comments to their surveys. Some comments are included in the following text as examples or to illustrate themes. In the body of the report, long comments may be cut down or only parts of comments relevant to a theme included, but full comments are listed in Appendix B.

Notes: Because researchers at the Center for Human Development have a responsibility to take reasonable measures to protect identities of survey respondents, identifying information respondents included in comments was excluded or replaced with generic terms in brackets. This type of information included names of respondents, children, service providers, programs, areas of residence, or any contact information. If a specific disability or a lot of information relevant to a specific medical condition and/or personal circumstances seemed to make a respondent more identifiable, all or parts of the information may have

been excluded or replaced with generic terms. Parts of comments that were clearly not relevant to ILP services or childcare resources were excluded.

Expressions of Gratitude & Satisfaction

Thirty, or 68% of the 44 respondents who added a comment clearly used it as an opportunity to express positive statements of gratitude or to further highlight their satisfaction with programs, services, or providers. Examples:

I am very happy with the ILP services. It has been a gateway for me to do things with my child that I otherwise would not know to do.

[Name] from the ILP was very helpful with new ideas to try with our daughter. I thank God for her and two other ladies that came with her at times. This was the best help we received when we needed it the most. Thank you so much.

Everything I have experienced has been wonderful. I have had a lot of help and it has been totally, totally exceptional.

As a whole, I would like to note that the providers at [ILP] have been absolutely wonderful. This my second time working with them and both times there has been complete compassion. They are really open and they make everything really comfortable. They are easy to talk to and make it really easy to get started.

[ILP providers] were over the top, so accommodating and went out of their way. They were just like family! They truly care for children.

We have worked with EI/ILP since [Date]. Our people have been AWESOME! Our children would not be doing as well now if it hadn't been for ILP. I am so grateful for this service and hope other families can benefit from this program too.

Our [ILP] provider is [name] and I cannot say enough good things about her. She saved us months and months of difficulties by finding someone who could provide the service we needed even before she met us. I could go on for hours about how fabulous she is - she is excellent! She is always warm and genuinely loves the kids. My son is exited to see her every time she comes.

I really appreciate the program because they helped us identify how the child is developing. They made us aware that our child was progressing slowly and as a result of the intervention provided our child has been able to excel. This is only because they made us aware and they provided us with a lot of tools and toys that we were not aware of before to help us interact with our child. I have nothing but positive things to say about them. The people who worked with us were excellent - nice personalities, patient and kind.

ILP has been a huge help transitioning to the School District. I feel better about my child's development and progress, and a plan was in place after each home visit.

Mixed Expressions of Satisfaction/Dissatisfaction

There were 5 comments (11% of the 44 commenters) where caregivers indicated positive things along with an indication there was something not as satisfying about their total experience. An example below illustrates the mixed nature of these comments.

We have been very happy with our OT [Name] through ILP. She is very helpful and our daughter loves her. This year (2014) we switched from private hire PT recommended by ILP to a PT through ILP and are very happy we did as our daughter is doing much better with her new PT. I would recommend a way for parents to evaluate any professional ILP recommends so that as an organization you can decide if you want to still recommend them, as we were not too happy with the first PT. But we are grateful that ILP now has PT on staff and [Name] is amazing to work with.

Expressions of Frustration or Other Indications of Dissatisfaction

Three respondents (3 or 7% of commenters) added comments that purely expressed frustration or dissatisfaction. These and portions of four mixed comments were considered negative because they indicated a lack of quality in services families received or a lack of access to services families needed or wanted. Only the comments or parts of comments that illustrate these two themes are included here. Full comments are included in Appendix B.

Theme: Lack of Quality

Two negative comments expressed something relevant to a lack of quality in the services families received.

Parents are being told to contact private providers if additional services are needed for their children outside of what the ILP is providing. They are not being told how to push to receive those services through ILP, and as a result, some are leaving the program.

Very poor services in [Community], would love to change that and help in any way possible. Please contact me [phone number].

Theme: Lack of Access

One negative and four mixed comments expressed something relevant to difficulties accessing services, or limited access due to a lack of resources.

For my daughter, she hasn't seen a provider regularly. She had one, had a few visits and then the person quit. For a while there was not one hired or available. When one was hired, she had a visit or two and then the new person quit. It has been over a month now, and again nobody is available...

...I wish they could work with our children more, that they had funding or staff to come out more often than quarterly or once a month...

...I only wish that more funding was available for their visit to us in our rural home and community, rather than in [City].

We had two visits, then due to weather we could not meet any more times. Due to his developmental progress, they dropped the case.

Our first ILP provider was over the top great. The person who replaced her, nice but does not have very much availability...we only get to see her once a month. If we have to cancel, sometimes it takes several months to see her. Not a lot of flexibility, even if you booked in advance...

Childcare Comments

The survey has items to help ascertain community access to childcare, so it is not surprising when caregivers address childcare issues in their comments. Six respondents added something about childcare. In three of these cases, a portion of the respondent's comment was about ILP services and a portion was about childcare. The portions relevant to childcare were separated out and are listed with the other childcare comments in Appendix B. Informing families about how to find childcare resources, or helping a childcare provider work with a child's special needs are within the scope of ILP services. However, the overall availability of quality childcare resources in a community is beyond the scope of ILP responsibility.

Other Comments

There were three "Other" comments that did not fit in above categories. All of these comments described personal circumstances, without expressing either satisfaction or dissatisfaction with ILP services.

Nature of Comments by Region

The subset of respondents who voluntarily added comments to surveys cannot be considered representative of the population that received services, either statewide or regionally. Therefore, it is not appropriate to broadly judge an entire region or programs within regions based strictly on comments. With that caveat in mind, Table 11 shows the nature of comments sorted by EI/ILP regions.

Table 11: Distribution of comments by EI/ILP regions

EI/ILP Region	ILP Grantees	Positive	Mixed	Negative	Childcare*	Other	Totals
Northern	ACC, NWA, NSH, TCC	8	1	1	---	1	11
Anchorage	PIC, FOC	7	---	2	---	1	10
Southcentral	BBA, KAN, MSU, YKH	5	3	---	2(1)	---	10
Southeast	CFC, CCK, FCS, HCS, REA, SVC	10	1	---	1(2)	1	13
Statewide		30	5	3	3(3)	3	44

*Numbers in parentheses represent portions of other comments that were specific to childcare.

Note: Upon request, de-identified comments are shared with the State EI/ILP office separate from this report sorted by the ILP area of origin. This information is treated as confidential for their use only. From a management standpoint, this allows the EI/ILP office to pinpoint specific problems for targeted training/intervention for ILP staff.

Conclusions

It can be concluded from the results of the 2014 Family Outcomes Survey that the vast majority of families (approximately 94%) were satisfied all ($\cong 74\%$) or most ($\cong 19\%$) of the time with the ILP services they received during the 2014 calendar year. Generally, caregivers tended to be confident in their knowledge and abilities, and available resources usually served their needs.

Overall family satisfaction continued at a high level since the previous year, and there was notable improvement in satisfaction in one region. However, it is also important to note there was no evident improvement within the other outcome areas. In fact, most other item responses seemed slightly weaker in 2014 than they were in 2013. The greatest relative weaknesses in family outcomes have continued to persist over time. Figure 5 shows the aspects of family knowledge, resources, and abilities from the strongest to the weakest, as measured in the 2014 survey. The dashed line represents a mean of 3.50, which can be considered a benchmark for very strong outcomes.

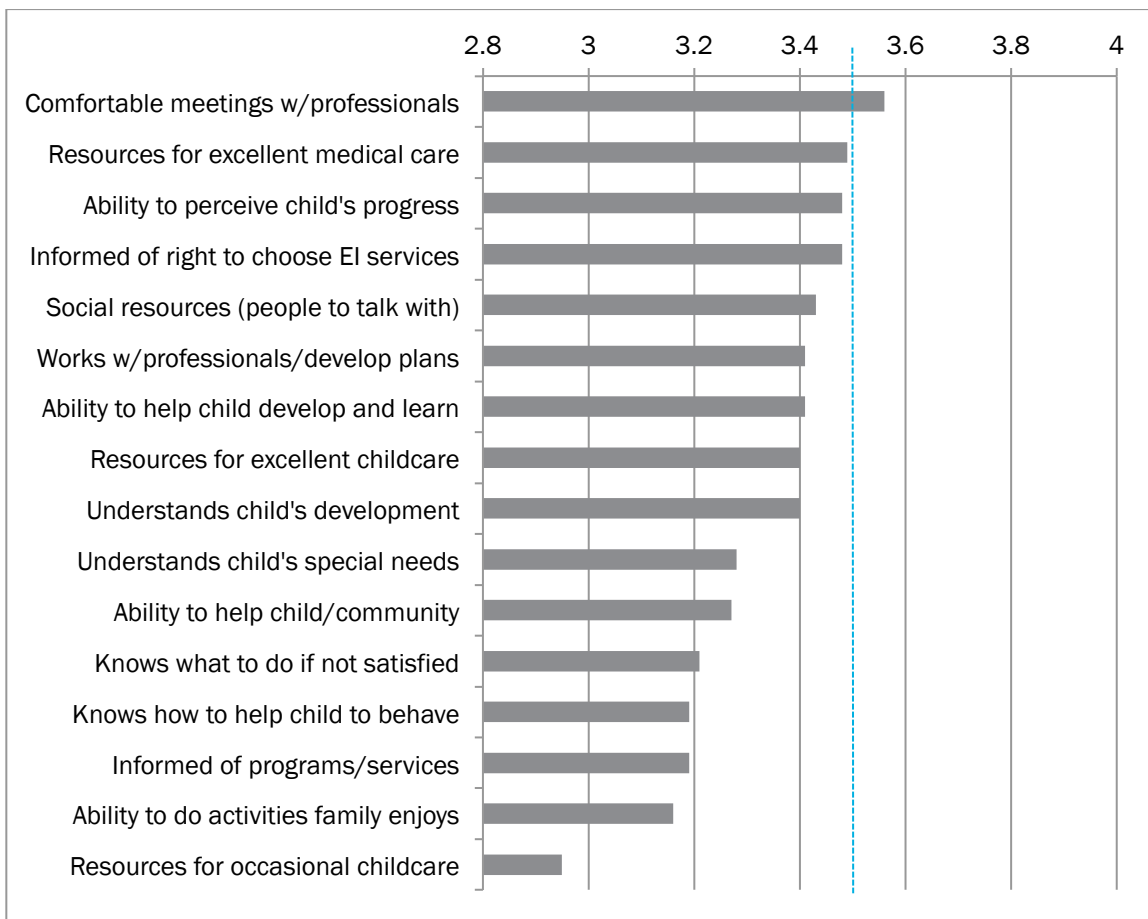


Figure 5: Relative strengths and weaknesses in family outcomes

Regarding childcare issues, the availability of childcare in communities is beyond the scope of ILP responsibility. However, an area where ILP providers can make a difference in the quality of local childcare is in working with childcare providers to help them understand and

address the special needs of young children they both serve. Over half of the 33 families who had childcare and felt this would be applicable to their circumstances said this never or only occasionally happened. This evidence suggests that fewer children and families are receiving this benefit.

Recommendations for Future Survey Administration

It is recommended that the Alaska State EI/ILP office continue to use aspects of methodology that have evolved over time for its Family Outcomes Survey. This includes using a randomly selected 20% target group stratified by geography and by race of children, multiple options for responding, and follow-up by phone and reminder postcards. This is an effective balance of good science with reasonable cost.

Data entry on race/ethnicity in the field has improved immensely. There has been some notable improvement on entering corresponding races when Hispanic/Latino is indicated, but this was still an issue for data entered by 6 of the 16 grantees.

Non-working phone numbers continued to be an issue. This problem seems to have more of an impact in rural areas, but it is also increasing in urban areas. The largest proportion of non-working numbers in 2014 were numbers that went to automatic recordings saying they were out of service or not working numbers. It has become the norm to have a significant proportion of nonworking numbers in this survey population. Some possible reasons for this phenomenon are clearly beyond the control of ILPs. There is the shift from landlines to cell phones as the predominant means of contact, and cell phones numbers can be less permanent. A factor to remember for data collection on this survey is that families may let their cell phone bills lapse for periods of time, with their phone numbers going in and out of service over time. In the 2014 survey, out-of-service phone numbers were retried toward the end of data collection, and a few of them had become active again in that time.

In terms of instrumentation, it has previously been recommended to consider replacing the 4-point Likert scale with one that has more points (more sensitive to change) and/or an interval scale where only the end-points are labeled (superior design for statistical analysis). There are a number of advantages to keeping the current scale. Most important is its known congruence with Native ways of thinking. It also makes it easier to compare results with previous years, allowing for statistical tests with past results that used the same scale. However, a 4-point scale is not very sensitive. This is problematic in terms of statistical analyses. It is likely there are meaningful differences in results that cannot be detected or confirmed because of the lack of sensitivity in the scale.

Alaska's Early Intervention / Infant Learning Program
2014 FAMILY OUTCOMES SURVEY

Appendix A

EI/ILP Invitational Letter to Families
2014 Family Outcomes Survey Instrument



March 7, 2014

Dear Parent or Guardian:

Hello! The State of Alaska Early Intervention/Infant Learning Program is looking for ways to improve early services for children. You can help by completing the enclosed brief survey, which has questions about the services your child received in the last year from one of the community Early Intervention/Infant Learning Programs. There is a map and list of those programs on the back of this letter for your reference. Your participation in this survey is completely voluntary and we hope you will take about 5-10 minutes to give your feedback.

The UAA Center for Human Development (CHD) is an independent contractor collecting the surveys and they will be the only ones to see completed surveys. You can use the enclosed paper copy and return it to CHD in the postage-paid envelope, or you can complete it online at this address: <https://www.surveymonkey.com/s/FOS2014>. You can also call CHD toll-free at 1-800-243-2199 weekdays between 9am and 4pm and ask to complete the "Family Outcomes Survey" over the phone.

You can be sure that your responses will be confidential. The staff from the State EI/ILP will not see individual surveys at any time. No individual responses will be identified. Your answers will be grouped together with those from other families. By returning a completed survey or completing it online or over the phone, you are agreeing to participate.

If you choose the online or phone option, please have this letter handy as you will need the "Survey Verification Number" printed at the bottom to begin the survey. CHD will use this number for two purposes: 1) To check it off a list so we stop contacting you for this year's survey, and 2) To enter you into a drawing for a thank you gift.

As a thank you for completing the survey, you will be entered into a drawing for a \$25 gift card from a choice of Costco, Walmart, or Fred Meyers. At least ten gift cards will be given out.

If CHD has not heard from you in a couple of weeks, they will give you a call or send a reminder. Please complete the survey no later than April 25. If you have any questions about this survey, you are welcome to contact me at (907) 269-3423. Thank you very much for your help!

Sincerely,

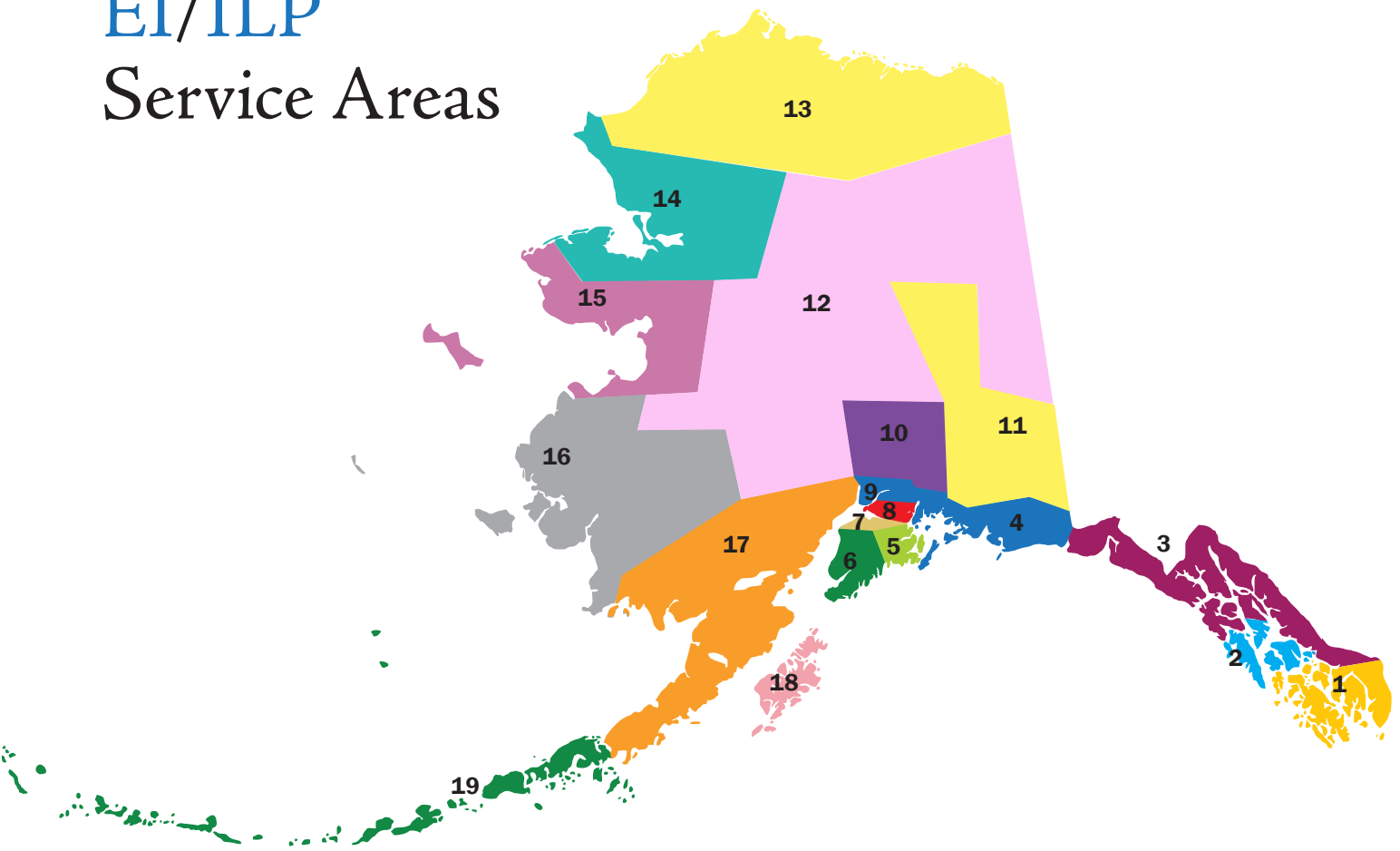
A handwritten signature in blue ink that reads "Laurie Thomas".

Laurie Thomas
Alaska Part C Coordinator
Early Intervention/Infant Learning Program

Survey Verification Number:

If you have any questions about your rights as a participant in program evaluation, please contact
Dr. Dianne Toebe, Research Integrity Compliance Officer
UAA Office of Research and Graduate Studies: (907) 786-1099

EI/ILP Service Areas



- 1** Community Connections Ketchikan
- 2** Center for Community Early Learning Program
- 3** REACH, Inc
- 4** Family Outreach Center
- 5** SeaView Community Services
- 6** Sprout Family Services - Birth to Three ILP
- 7** Frontier Community Services Early Intervention Program
- 8** PIC - Programs for Infants and Children
- 9** Family Outreach Center for Understanding Special Needs - ILP
- 10** Mat-Su Borough ILP
- 11** ACCA - Alaska Center for Children and Adults
- 12** Tanana Chiefs Conference - ILP
- 13** ACCA - Alaska Center for Children and Adults
- 14** Northwest Arctic School District - ILP
- 15** Norton Sound Health Corporation - ILP
- 16** Yukon Kuskokwim Health Corporation - Family Infant Toddler Program
- 17** Bristol Bay Area Health Corporation - BBAHC - ILP
- 18** Kodiak Area Native Association - ILP
- 19** Sprout Family Services - Birth to Three ILP

Family Outcomes Survey, 2014

Please circle the number that best reflects how often the statement is true for you and your family. Circle **only one number** for each answer. It is okay if you are answering just for yourself (your own opinion or experience) or as a family with shared opinions or experiences.

The statements refer to a “child” but we know some families have more than one child in the program and in those cases your answers reflect your general or averaged opinions or experiences.

	None of the Time	Some of the Time	Most of the Time	All of the Time	
1. Our child is growing and learning and we understand our child's development very well.	1	2	3	4	
2. We know most of what we need to know about our child's special needs.	1	2	3	4	
3. We can tell if our child is making progress.	1	2	3	4	
4. We are fully informed about the programs and services that are available for our child and family.	1	2	3	4	
5. We have been informed of our right to choose which Early Intervention services we receive.	1	2	3	4	
6. We are comfortable participating in meetings with professionals to plan services or activities for our child.	1	2	3	4	
7. We know what to do if we are not satisfied with any part of our child's program and services.	1	2	3	4	
8. We know how to help our child develop and learn.	1	2	3	4	
9. We know how to help our child learn to behave.	1	2	3	4	
10. Our family has worked with professionals to develop a plan to help our child learn new skills.	1	2	3	4	
11. Our ILP provider has done an excellent job...					
-- helping us know our rights.	1	2	3	4	
-- helping us effectively communicate our child's needs.	1	2	3	4	
-- helping us help our child develop and learn.	1	2	3	4	
12. There are people we can talk with any time we want, to help us deal with problems or celebrate when good things happen.	1	2	3	4	
13. We have people we can call on for help when we need someone to watch our child for a short time.	1	2	3	4	
14. We are able to do the activities our family enjoys.	1	2	3	4	
15. We have excellent medical care for our child.	1	2	3	4	
16. Our child has opportunities to fully participate in activities in the community (e.g., playing with others, social or religious events).	1	2	3	4	
17. We have excellent childcare for our child.	1	2	3	4	n/a
18. Our ILP provider works closely with our childcare provider.	1	2	3	4	n/a

Please continue on the other side...

	None of the Time	Some of the Time	Most of the Time	All of the Time	
19. There is childcare where we live that is able to care for children with special needs.	1	2	3	4	don't know
20. Childcare seems to be important to our whole community.	1	2	3	4	don't know
21. There is a childcare provider we can use who can follow our child's IFSP.	1	2	3	4	don't know
22. If you do not have regular childcare, please check which is most true:	<input type="checkbox"/> We don't want regular childcare at this time <input type="checkbox"/> We want childcare, but have not looked for it yet <input type="checkbox"/> We want childcare, but can't find any that works for us at this time				

Comments

Please note that comments written here go directly to the researcher. Your confidentiality is protected, so names or identifying information will not be included with your comments in any summaries or reports. That means that the State EI/ILP office will not be able to answer personal questions or concerns written here. You are always welcome to communicate with them directly using the contact information in the letter that accompanied this survey.

Gift card preference (for drawing): __Costco __Walmart __Fred Meyer

Please return the completed survey in the prepaid envelope to:

UAA Center for Human Development
 2702 Gambell St., Suite 103
 Anchorage, AK 99503
 Attn: Roxy, Research/Evaluation

Thank you very much for taking your time to complete this survey!

Alaska's Early Intervention / Infant Learning Program
2014 FAMILY OUTCOMES SURVEY

Appendix B

Comments Added to the 2014 Family Outcomes Survey

Comments Added to Surveys

Notes: As comments were typed from paper surveys or notes from telephone calls, typical spell-check corrections were allowed as long as it was clear what word a respondent intended. Some shorthand notations were changed into words, but abbreviations common to the spoken language within this population were retained. For example, “w/o” would be typed as “without,” but “OT” and “PT” would be left as written or spoken.

In addition, researchers at the Center for Human Development have a responsibility to take reasonable measures to protect the identities of survey respondents. Thus any information that could reasonably be expected to lead to the identity of a respondent was either omitted from this report or replaced with generic terms in brackets. Parts of comments that were clearly not relevant to ILP services or childcare resources were excluded.

There were 44 respondents (54.3% of all respondents) who added comments to surveys. In three cases, a portion of a comment was relevant to the ILP and a portion was specific to childcare. The portions relevant to childcare were separated out and grouped with the childcare comments.

Expressions of Gratitude & Satisfaction (30 or 68.2% of 44 commenters)

I am very happy with the ILP services. It has been a gateway for me to do things with my child that I otherwise would not know to do.

I think it was really good, helped us out a lot and gave us a lot of good information. Really good. He graduated a few weeks ago.

The longer we have [Child], he is improving a lot, catching up. That is what I can say right now. It is not like it used to be.

[Name] from the ILP was very helpful with new ideas to try with our daughter. I thank God for her and two other ladies that came with her at times. This was the best help we received when we needed it the most. Thank you so much.

She's great

Everything I have experienced has been wonderful. I have had a lot of help and it has been totally, totally exceptional.

[scribble] [arrow] 19 month old says thanks for your services ILP!

Everything is good.

[Name] with [Community] [ILP] is the best!

As a whole, I would like to note that the providers at [ILP] have been absolutely wonderful. This my second time working with them and both times there has been complete compassion. They are really open and they make everything really comfortable. They are easy to talk to and make it really easy to get started.

[ILP providers] were over the top, so accommodating and went out of their way. They were just like family! They truly care for children.

We have worked with EI/ILP since [Date]. Our people have been AWESOME! Our children would not be doing as well now if it hadn't been for ILP. I am so grateful for this service and hope other families can benefit from this program too.

We have been thrilled with the care provided by ILP.

Our Speech Therapist was great we really learned a lot from her.

We love our therapists and so do our kids. We've seen them bloom with the help we've been given.

With a special needs kid, I have a hard time recalling 6 months ago let alone well over a year ago. We have a lot going on! I recommend surveying in a more timely fashion. Happy at [ILP] in [Community] and the services offered and received.

We were with ILPs in [two communities] and I was really happy with both of them. The ILP is really a gift for people in Alaska.

We really appreciate the wonderful time that our ILP provides to our daughter.

They did an excellent job; we went to great program. Recommended she start school in 2 years.

They have done a great job. I wish I had known about these resources when my other children were growing up.

Nothing but positive experiences, even with all the nightmare experiences I've heard. Nothing but good experience. They are always helpful. Keep up the good work.

We really enjoyed working with our now friend from the [ILP]. She was super helpful and friendly. We were able to ask questions anytime and she always got right back to us. I'm so glad that service was available to us when we needed it. Thanks to them, we are confident that we are doing the best things for our child.

I have done a lot of my own research. I have been supported by the ILP providers, but I have done most of the learning on my own. I set the direction and the ILP providers facilitate my choices.

Our [ILP] provider is [name] and I cannot say enough good things about her. She saved us months and months of difficulties by finding someone who could provide the service we needed even before she met us. I could go on for hours about how fabulous she is - she is excellent! She is always warm and genuinely loves the kids. My son is excited to see her every time she comes.

I really appreciate the program because they helped us identify how the child is developing. They made us aware that our child was progressing slowly and as a result of the intervention provided our child has been able to excel. This is only because they made us aware and they provided us with a lot of tools and toys that we were not aware of before to help us interact with our child. I have nothing but positive things to say about them. The people who worked with us were excellent - nice personalities, patient and kind.

ILP has been a huge help transitioning to the School District. I feel better about my child's development and progress, and a plan was in place after each home visit.

I have really enjoyed working with [Agency] and our ILP provider. They have been really fantastic over the past several years. We are sad as our child is now 2.5 years and almost out of the program. We are glad we were referred to this program.

All is good.

I think the ILP is doing a good job with the young ones, and [Name] is doing really good.

[ILP educator] has been great in helping with our son. I really appreciate her knowledge and her interest.

Mixed Expressions of Satisfaction and Dissatisfaction (5 or 11.4% of 44 commenters)

They have been tremendously helpful to us. We have had two children go through the ILP. I wish they could work with our children more, that they had funding or staff to come out more often than quarterly or once a month. They have sent us a lot of information when they can't be here, so they still try to help. Both the providers who have worked with us have been fabulous.

The [City] [Agency] ILP was a wonderful experience for our family. OT [Name] and PT [Name] provided excellent therapy and always gave us fun and creative activities to do at home. I only wish that more funding was available for their visit to us in our rural home and community, rather than in [City].

We have been very happy with our OT [Name] through ILP. She is very helpful and our daughter loves her. This year (2014) we switched from private hire PT recommended by ILP to a PT through ILP and are very happy we did as our daughter is doing much better with her new PT. I would recommend a way for parents to evaluate any professional ILP recommends so that as an organization you can decide if you want to still recommend them, as we were not too happy with the first PT. But we are grateful that ILP now has PT on staff and [Name] is amazing to work with.

We had two visits, then due to weather we could not meet any more times. Due to his developmental progress, they dropped the case.

Our first ILP provider was over the top great. The person who replaced her, nice but does not have very much availability. Because we have tons of doctor appointments, we only get to see her once a month. If we have to cancel, sometimes it takes several months to see her. Not a lot of flexibility, even if you booked in advance. She's has good activities and my family and daughter both like her.

Expressions of Dissatisfaction (3 or 6.8% of 44 commenters)

For my daughter, she hasn't seen a provider regularly. She had one, had a few visits and then the person quit. For a while there was not one hired or available. When one was hired, she had a visit or two and then the new person quit. It has been over a month now, and again nobody is available. Thankfully, we do a lot with our daughter, so it isn't harming her, but for others, this could be a big issue.

Parents are being told to contact private providers if additional services are needed for their children outside of what the ILP is providing. They are not being told how to push to receive those services through ILP, and as a result, some are leaving the program.

Very poor services in [Community], would love to change that and help in any way possible. Please contact me [phone number].

Childcare Comments (6 respondents, including 3 portions separated from other comments)

Childcare is primarily with family member and Mom/Dad working with different days off.

We don't have anyone we can call to watch our child for a short time, due to our child's medical conditions. We do have our own daycare provider though.

Q22: I have only respite care; regular childcare for children with severe medical problems not available. Childcare currently: my sister caring for daughter at this time.

We cannot afford childcare at the moment.

I have not done enough research about what childcare resources are out there. There might be a better fit available.

Single dad, work at home mostly, can usually get childcare when needing to do work outside the home so regular childcare is not really needed.

Other Miscellaneous Comments (3 respondents)

We are getting access to [service] after the age of 3 years. Testing said he was just below the cut off, so we did not get all the therapy, but a retest changed the decision and it was provided.

We no longer have the "child" in our home. We were involved because of being foster parents [relationship].

My child has a rare syndrome and cannot participate in group or outside activities, because [of specific symptoms].